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.

Submission Identification Number (SID)

Taxpayer's name	Social security number								
RAHUL SANKRITYAYAN KANUMURI	866-07-2798								
Spouse's name	Spouse's social security number								
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 47,546.								
2 Total tax									
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 4,554.								
4 Amount you want refunded to you	4 610.								
5 Amount you owe	5								

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

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

Taxpayer's	PIN:	check	one	box	only
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l authorize GLOBAL TAXES LLC to enter or generate my PIN

7	2	7	9	8	as				
Enter five digits, but don't enter all zeros									

my

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Л ٨

Your signature

X

Date > 03/2	2/2023
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Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

		as my
er fiv n't er		

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 D								 				
Practitioner PIN Method Returns Only—continue below												
Part III Certification and Authenticatio	n – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN follow	ved by your five-digit self-selected PIN.	2	2				6 Iter al	 	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨							
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Filing Status (X) Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Doubling surviving surviving service of solution in the service of the ser	1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		ırn 202	22	OMB No. 1545	-0074	IRS Use	Only–	-Do not w	rite or staple	in this space.
Your for name and middle initial Last name Your social security number RAHILL SANKRITYYAN KANUMURI 866-07-2798 Hom audress (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign T52_LOCKEPTEID_CT H Check here if you, or your Check here if you, or your City, torow, rone diffee Joint INI Add to be will not change Check here if you, or your Foreign country name Foreign province/states/country Foreign country (name change) Check here if you, or your Assets sockhange, gift, or otherwise dipsed of a digital asset (or a financial interst in a digital asset)? (See instructions): (You "spouse Age/Blindness You: You as a dependent Your spouse as a dependent Your spouse Dependents (see instructions): (P) find name Check to box if qualifies for (see instructions); If more than four (I) find name Last name (P) Sould ascentify (P) Boal ascentify Itsh Foreign a Total amount from Form(s) W-2; box 1 (see instructions); (I) Find name Im Im If in a max Last name (P) Sould ascentify Im Im Im Bependents (See	Check only			_	0 1 9		· <u> </u>		,	, L	spou	use (QSS)	0
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If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 7.5 2. LOCKEFTEELD CT Check here if you, or your Check here if you, or your Check here if you, or your 7.5 2. LOCKEFTEELD CT IND LANAPOLIS Environment of the intervent of the province/state/county Foreign province/state/sta	Your first name	and mi	ddle initial	Last nam	ne								-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check hare if you, or your spose if filing jointly, want 32 City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code town, or post office. If you have a foreign address, also complete spaces below. IN IND IANPOPLIS Foreign country name Foreign province/state/country Foreign postal code your tax or mfund. You Spouse your tax or mfund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Spouse your tax or mfund. Standard Someone can callim: (-) you as a dependent You a dependent. Yee No Standard Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: (a) Presidential Election Campaign (b) Prest name Yee No Dependents (see instructions): (2) Social accurity (b) Pleationalip (b) Prest name Child tax credit for other dependent than four dependents, see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 52 2, 57 6. Hausehold amployee wages not reported on Form(s) W-2 (see instructions) 1a 52 2, 57 6. 1b Household amployee wages not reported on Form S039, line 29	-												
752 LOCKEFFIELD CT H Check here if you, or your City, fow, or post office, if you have a foreign address, also complete spaces below. State ZIP code TiDD TANPOLTS IN 46202 Foreign country name Foreign province/state/county Foreign postal code Digital Assets At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Be instructions.) Yes Standard Somece can claim: You as a dependent Yes Dependents Somece can claim: Yua as a dependent Dependents (Be instructions): (P secili security) (P secili security) If more for four dependents, see instructions): (1) First name (1) Check the bot if qualifies for (secili security) If more four dependents, see instructions): (1) Check the bot if qualifies for (secili security) (2) Social security If a Total amount from Form(s) W-2, box 1 (see instructions) 1a 52, 57.6. H tow was withind. Take the forms 1a 52, 57.6. H tow was withind. Take the forms 1a 52, 57.6. H tow was withind. 44.10 1a 52, 57.6. H tow was withind. 44.10 1a 52, 57.6. </td <td>lf joint return, sp</td> <td>oouse's</td> <td>first name and middle initial</td> <td>Last nam</td> <td>ne</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spouse'</td> <td>'s social se</td> <td>curity number</td>	lf joint return, sp	oouse's	first name and middle initial	Last nam	ne						Spouse'	's social se	curity number
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get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i Attach Sch, B 2a Tax-exempt interest 1z Attach Sch, B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a 4a B D ordinary dividends 3b 4a B Taxable amount 4b 5a Pensions and annuities 5a 6a b Taxable amount 5b 6a b Taxable amount 6b 5a Social security benefits 6a 5a B Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 9 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 9 47, 546. 12 10 Standard deduction or itemized deductions (from Schedule 1, line 26 11 9 47, 546. 12 10 Standard deduction or itemized deductions (from Schedule A) 12 11 47, 546. 12 12 12, 950. 13 Qualified duines 12 and 13 12 14 12, 950. 14 12 12, 950.		g	Wages from Form 8919, line 6 .								1g		
Instructions. Image: Contractable Contract pay election (see instructions) Image: Contractable Contract pay election (see instructions) Image: Contractable Contractable Contract pay election (see instructions) Attach Sch. B Image: Contractable	get a Form	h	Other earned income (see instruct	ions) .							1h	1	0.
z Add lines 1a through 1h 1z 52,576. Attach Sch. B 2a Tax-exempt interest 2a b if required. 3a Qualified dividends 3a b 4a IRA distributions 4a b Ordinary dividends 3b 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$12,950 Social security benefits 6a b Taxable amount 7 Variet filing sepuse, 25,900 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing souse, \$25,900 Other income from Schedule 1, line 10 7 8 -5,030. Maride filing souse, \$26,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 47,546. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 47,546. 11 47,546. 12 12,950. 12 12,950. 14 Add lines 12 and 13 <t< td=""><td></td><td>i</td><td>Nontaxable combat pay election (s</td><td>see instru</td><td>uctions)</td><td></td><td> 1i</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		i	Nontaxable combat pay election (s	see instru	uctions)		1 i						
if required. 3a 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b • Single or Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointly or Qualifying surviving spouse. 8 Other income from Schedule 1, line 10 7 • Married filing jointly or Standard 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 47, 546. • Head of household, \$19,400 10 Standard deduction or itemized deductions (from Schedule A) 11 47, 546. • If you checked ary box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • 14 12, 950. 14 12, 950. 14 12, 950.		z	Add lines 1a through 1h								1z	. !	52,576.
data intervention for the formation of the	Attach Sch. B	2a	Tax-exempt interest	2a		b٦	axable interest				2b)	
Standard Deduction for- 5a 5a b Taxable amount	if required.	3a	Qualified dividends	3a		b (Ordinary divider	nds .			3b)	
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 C If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 . . . 9 47,546. 10 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 47,546. 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 12,950. . <t< td=""><td></td><td>4a</td><td>IRA distributions</td><td>4a</td><td></td><td>b٦</td><td>axable amoun</td><td>t</td><td></td><td></td><td>4b</td><td>)</td><td></td></t<>		4a	IRA distributions	4a		b٦	axable amoun	t			4b)	
Single or Married filing separately, \$12,950 6a Social security benefits	Standard	5a		5a		b٦	axable amount	t			5b)	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a						t		· .	6b	,	
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, theor required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 47, 546. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 8 -5, 030. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 • If you checked any box under Standard 12 12,950. 13 • Had dines 12 and 13 13 14 12,950. • If you checked any box under Standard 15 34 596	Married filing	С								. L			
jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 47, 546. 10 Adjustments to income from Schedule 1, line 26 10 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 47, 546. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 34 596		7	Capital gain or (loss). Attach Schee	dule D if	required. If not re	quired	l, check here			. L	7		
Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 47, 546. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 47, 546. 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 14 12, 950. 14 Deduction, 15 34, 596		8									8		
\$25,900 10 Adjustments to income from outed if it, integet 11 47,546. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. • If you checked any box under Standard 14 12,950. 14 12,950. • If you checked any box under Standard 14 12,950. 14 12,950.	Qualifying			-	2	ncom	е		· ·				47,546.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12 12,950. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 12,950. 14 12,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 34 596													
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 34 596													
any box under Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 34 596	\$19,400 r												12,950.
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 34.596						m 899	95-A						
	Standard								· ·				
		15	Subtract line 14 from line 11. If zer	ro or less	, enter -U This is	your	taxable incom	e.			15		34,596.

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 🗌	<u> </u>	16	3,	944.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	3,	944.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,	944.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	3,	944.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 4	1,554.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	4,	554.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	4,	554.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you overpaid		34		610.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here	🗆	35a		610.
Direct deposit?	b	Routing number 0 7 4					Savings			
See instructions.	d	Account number 7 2 1					-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another				? See				
Designee		structions					omplete l	celow.	X No	
-		signee's		Phone			sonal identi	fication		
	nai			no.			iber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· ·	piete. Declaration (1		1			0
	YO	ur signature		Date	Your occupation				nt you an Ident IN, enter it her	
Joint return?					POSTDOCTO	RAL FELLOW		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa				nt your spouse		
Keep a copy for your records.									ection PIN, ent	er it here
your records.								inst.)		
		one no. (945)444-342		Email address	RAHULKANUM	URI@GMAIL.C			0	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	03/22/2023			Self-emp	
Use Only	Fir	m's name GLOBAL TA					Pho	1e no. (678)965-	9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-214	5487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 10 4	40 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury Internal Revenue Service

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

mation.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security
RAHUL SANKRITYAYAN KANUMURI	866-07-2798

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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	-5,030.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-5,030.
	non-control Deduction Act Nation and constant actions in durations		<u> </u>	/=

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income						·
11	Educator expenses					11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	ent 🗍		
	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:						
 a		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		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					
q		24g					
•	Attorney fees and court costs for actions involving certain unlawful	_ 3					
		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					
i	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					26	
	BAA	REV	03/09/23	PRO	S	chedu	le 1 (Form 1040) 2

			Supplementa							OMB No	o. 1545	-0074
(Form	1040)	40) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						Cs, etc.)	20	19	2	
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. generating Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachn Sequen	nent ce No.	13	
Name(s)	shown on return								Your soci	al security		
. ,	L SANKRITY	AYAN F	CANTIMURT							7-2798		
Part			s From Rental Real Estate an	d Ro	valties				000 0	7 2790		
rare	Note: If yo	ou are in t	he business of renting personal proper s from Form 4835 on page 2, line 40.			c . See	instru	ctions. If you a	are an indiv	vidual, rep	ort far	m
Α			ents in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s X	No
			rou file required Form(s) 1099?		· · ·							No
1a	Physical add	ress of e	ach property (street, city, state, ZI	P code	e)							
Α	ANAND RES	IDENCY	PALAKOL ANDHRA PRADESH	H IN	534260)						
В												
С												
1b	Type of Prope (from list below		For each rental real estate prope				Fa	ir Rental	Person		C	VL
-	``	w)	above, report the number of fair personal use days. Check the Q			•		Days	Da			
	3		if you meet the requirements to f			A		365		0		
			qualified joint venture. See instru			B						
						С						
	of Property:				- · · ·		-					
	Single Family R			ital	5 Land			Self-Rental				
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
								Properti	es:			
Incom	ne:					Α		В			С	
3	Rents received	t		3		4	10.					
4	Royalties rece	ived.		4								
Exper												
5				5								
6	0		structions)	6								
7			ance	7		8	00.					
8				8								
9				9								
10			sional fees	10								
11	-			11		5	00.					
12	-		l to banks, etc. (see instructions)	12								
13		-		13								
14				14		1,5	60.					
15				15			30.					
16				16								
17				17		1,3	50.					
18			or depletion	18		-						
19				19								
20	Total expense	s. Add li	nes 5 through 19	20		5,4	40.					
21	•		ine 3 (rents) and/or 4 (royalties). If									
	result is a (los	s), see ir	nstructions to find out if you must			F 0	20					
				21		-5,0	30.					
22			estate loss after limitation, if any, tructions)	22	(5,03	30.)	()	()
23a	Total of all am	ounts re	ported on line 3 for all rental prope	erties			23a		410.			
b			ported on line 4 for all royalty prop				23b					
с			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d					
е			ported on line 20 for all properties				23e	5	5,440.			
24			amounts shown on line 21. Do no						. 24			
25			sses from line 21 and rental real estat				Inter to	otal losses he	re 25	(5,0	30.)
26			te and royalty income or (loss).									

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

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-5,030.

26

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Cut on line before mailing

 POST FILING		1030 REV 02/17/23 PRO					
*SSN 1 866 07 2798 *SSN 2	"Electronic calculation and processin liabilities serve as a convenience for The taxpayer remains responsible fo and remains liable for payment of the	g of state tax Indiana taxpayers. r providing accurate information					
Period End Date 12 31 2022 Date Due 04 18 2023 Tax Type IND	Mail and make check payable to INDIANA DEPARTMENT OF REVENUE P.O. BOX 1674 INDIANAPOLIS, IN 46206-1674						
RAHUL SANKRITYAYAN KANUMURI		765.00					
752 LOCKEFIELD CT H	Amount Due:						
INDIANAPOLIS IN 46202	06000086607279802	000010111531505503					

	Form IT-40	2022	Indiana Full- Individual Inco				Due Apri	il 18, 2023	
	State Form 154 (R21 / 9-22)	If filing for a fis	scal year, enter the da	tes (see ins	structions) (MM/DD/YYY	Y):		
		from] to:				Place "X" in box f amending	(
	Your Social Security Number	866 07	2798 s	pouse's So ecurity Nur					
,	Your first name	Place "X" in box	if applying for ITIN Initial Last nam	ne		Place "X" in	box if applyi	ing for ITIN Suffi	х
	RAHUL S	ANKRITYA	KAN	UMURI					
		, spouse's first name	Initial Last nam					Suffiz	x
l	Present address (nu	umber and street or ru	ral route)						
		752 LOCKEFIE	LD CT H					in box if you ar ling separately.	
(City			Stat	te	ZIP/	Postal code	ing separately.	
	INDI	ANAPOLIS			IN	4	46202		
1	worked on Jan. 1, 2 County where	igit county code nun 022. 9 County where 9 you worked	nbers (found on the ba	ack of Sche County spous e	where	Cou	ty where you nty where use worked	lived and	
		-		-		-	Pour	d all entries	
1.	•	adjusted gross incom Form 1040 or Form 2	-			Federal AGI		47546	
2.	Enter amount from	n Schedule 1, line 7, a	nd enclose Schedule	1	_ Indiana	Add-Backs	2		.00
3.	Add line 1 and line	e 2					3	47546	5.00
4.	Enter amount from	n Schedule 2, line 12,	and enclose Schedul	e 2	_ Indiana	Deductions	4		.00
5.	Subtract line 4 from	m line 3					5	47546	5.00
6.		le 3. Enter amount fro dule 3			_ Indiana	Exemptions	6	1000	0.00
7.	Subtract line 6 fro	m line 5		Indiana A	diusted Gr	oss Income	7	46546	5.00
	State adjusted gro	oss income tax: multip han zero, leave blank				1503.			
9.	•	county tax due from S han zero, leave blank		9		940.	00		
10.	Other taxes. Enter	r amount from Schedu	lle 4, line 4 (enclose sch	nedule) 10			00		
11.	Add lines 8, 9 and	10. Enter total here a	nd on line 15 on the t	oack	In	diana Taxes	11	2443	3.00



12.	Enter credits from Schedule 5, line 12 (enclose schedule)	12		22	81.00			
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13			.00			
14.	Add lines 12 and 13			_ Indiana	a Credits	14	2281	.00
15.	Enter amount from line 11			India	na Taxes	15	2443	.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from li	line 14	(if small	er, skip to	o line 23)	16		.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule)); cann	ot be gre	eater tha	n line16	17		.00
18.	Subtract line 17 from line 16			Over	payment	18		.00
19.	Amount from line 18 to be applied to your 2023 estimated tax as	ccount	(see ins	structions).			
	Enter your county code county tax to be applied _\$	a			.00			
	Spouse's county code county tax to be applied _\$	b			.00			
	Indiana adjusted gross income tax to be applied\$	с			.00			
	Total to be applied to your estimated tax account (a + b + c; can	nnot be	e more th	an line 1	8)	19d		.00
20.	Penalty for underpayment of estimated tax from Schedule IT-22		20		.00			
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero	o, see	line 23 _	You	r Refund	21		.00
22.	Direct Deposit (see instructions) a. Routing Number b. Account Number c. Type: Checking Savings Hoosier Works M d. Place an "X" in the box if refund will go to an account outside		Jnited St	ates				
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions)	-		this on I	ine 20	23	162	.00
24.	Penalty if filed after due date (see instructions)					24	± 0 4	
25.	Interest if filed after due date (see instructions)					25		.00
	Amount Due: Add lines 23, 24 and 25 Do not send cash. Make your check or money order payable to: Indiana Department of Revenue. See instructions if paying with and date this return after reading the Authorization stateme	n a creo	lit card.		You Owe nember t	26 o enclose		.00
Sign	ature Date	Sp	ouse's S	Signature			Date	
• Ma	ail payments to: Indiana Department of Revenue, P.O. Box 7224,	, Indiar	napolis, I	N 46207	-7224.			

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Schedule 3: Exemptions

2022

Name(s) shown on Form IT-40	s) shown on Form IT-40 Your Social				
RAHUL SANKRITYAYAN KANUMURI	866	07	2798		
Complete and enclose Schedule IN-DEP: Dependent Information and Addition dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DE	-				
claiming dependents on line 6 below.		R	Round all entries		
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1	1000.00		
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 You MUST enclose Schedule IN-DEP.	x \$1000	2	.00		
 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child f legal guardian; who was under the age of 19 by Dec. 31, 2022; or who is a full-time student who was under the age of 24 by Dec. 31, 2022 who you are eligible to claim as a dependent on line 2 above. 	·				
Enter the number of additional dependents x \$1500		3	.00		
4. Place "X" in box(es) below if, by Dec. 31, 2022					
You were age 65 or older and/or blind					
Spouse was 65 or older and/or blind					
Total number of boxes with Xs x \$1000		4	.00		
 5. If age 65 or older, enter amount from Form IT-40, line 1. If filing as married filing separately and this amount is less than \$20,000, the "You were age 65 or older" box below. For all other filers age 65 or older, if this amount is less than \$40,000, pla appropriate box(es) below. You were age 65 or older 					
Spouse was 65 or older					
Total number of boxes with Xs x \$500		5	.00		
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You MUST enclose Schedule IN-DEP-A.		6	.00		
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6	Total Exemptions	5 7	1000.00		





Schedule 5 / Schedule IN-DONATE
Form IT-40, State Form 53998
(R13/9-22)

Schedule 5: Credits

2022

Enclosure Sequence No. 04

Name

Name(s) shown on Form IT-40	Your Social Security Number
RAHUL SANKRITYAYAN KANUMURI	866 07 2798
	Round all entries

1. Indiana state tax withheld: See instructions	1	1666.00
2. Indiana county tax withheld: See instructions	2	615.00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9	3	.00
4. Unified tax credit for the elderly	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3	5	.00
6. Lake County residential income tax credit	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule)	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	8	.00
9. Headquarters relocation credit (refundable portion - see instructions)	9	.00
10. Adoption Credit	10	.00
11. 2022 Additional Automatic Taxpayer Refund: See instructions	11	.00
12. Add lines 1 through 11. Enter total here and on Form IT-40, line 12 Total Credits	12	2281.00

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.	1a	.00
b. Enter fund name		code no.	1b	.00
c. Enter fund name		code no.	1c	.00
2. Add lines 1a through 1c. E	Enter total here and on Form IT-40/IT-40PNR, lin	e 17 Total Donations	2	.00





Schedule 7 Form IT-40, State Form 54000 (R13 / 9-22)	Required Information Enclosure 2022 Sequence No. 06
Name(s) shown on Form IT-40	Your Social Security Number
RAHUL SANKRITYAYAN KANUMURI	866 07 2798
1. Federal filing information Are you filing a federal income tax return for 2022? Place "X" in approp	riate box. Yes X No
2. Out-of-state income: Complete if you and/or your spouse (if filing income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wiscon for state where you and/or your spouse worked.	
State where you worked Your income	State where spouse worked Spouse's income
\$.00	\$00
 Extension of time to file a. Place "X" in box if you have filed a federal extension of time to file. 	, Form 4868, or made an online extension payment.
b. Place "X" in box if you have filed an Indiana extension of time to fi	le, Form IT-9, or made an Indiana extension payment online.
4. Farm/Fishing income Place "X" in box if at least two-thirds of your gross income was made fr Important: If you placed an "X" in the box, you MUST attach Schedule	
5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the b	
6. Date of death If any individual listed at the top of the IT-40 died <i>during</i> 2022, enter of	date of death (MM/DD).
Taxpayer's date of death 2022 Spouse's	a date of death
Authorization: Sign Form IT-40 after reading the following statemer Under penalty of perjury, I have examined this return and all attachmer plete and correct. I understand that if this is a joint return, any refund w taxes due under this return. Also, my request for direct deposit of my re Revenue (DOR) to furnish my financial institution with my routing numb ensure my refund is properly deposited. I grant permission to DOR to of Social Security number(s) used on this return is correct.	Its and to the best of my knowledge and belief, it is true, com- ill be made payable to us jointly and each of us is liable for all efund includes my authorization to the Indiana Department of ber, account number, account type and Social Security number to
7. Your daytime Your	
telephone number 9454443420 email addre	RAHULKANUMURI@GMAIL.CO
I authorize the Department to discuss my return with my personal representative.	Paid Preparer: Firm's Name (or yours if self-employed)
Yes No If yes, complete the information below.	GLOBAL TAXES LLC
Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically
	PTIN P02470833
Telephone number	Address 245 ROONEY CT
Address	City E BRUNSWICK
City	State NJ ZIP Code 08816
	Preparer's
State ZIP Code	signature <u>VENKATA SAI PAVAN KUMAR DU</u>



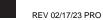


Schedule CT-40 Form IT-40, State Form 47907 (R21 / 9-22)

County Tax Schedule for **Full-Year Indiana Residents**

2022

	Name(s) shown on Form IT-40	Your Social	_			
R	AHUL SANKRITYAYAN KANUMURI		866	07	2798	
1.	Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions	Column A	- Yourself 46546.00	Co 1B	olumn B - Spou	se's
2.	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022	2A .02020	00	2B .		
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	ЗА	940.00	3B		.00
4.	Add lines 3A and 3B. Enter the total here. Perry County residen County and worked in the Kentucky counties of Breckinridge complete lines 5 and 6. Otherwise, enter the total here and on li	e, Hancock or Me	eade, you must	4	9	40.00
5.	Enter the amount of income that was taxed by certain Kentucky le	5				
6.	Multiply line 5 by .0181 and enter total here	6		00		
7.	Enter total of line 4 minus line 6. Enter this amount on line 9 of Fo	7	9	40.00		





Form IT-8879 State Form 53399 (R18 / 9-22)	DEC Income Ta	LAR	Indiana ATION the Tax	N OF	ELI	ЕСТ	RC	NIC			2			o No This F To D	
(11073-22)	Sub	missio	n ID				7_	-				_			
First Name and Middle Initial			Last Nar KANUN			1						Social S	ecurity		r
RAHUL SANKRITYAYAN Spouse's First Name and Middle Initial				s Last N	lame						866 Spou	5 07 se's Soo			Imber
·						4-4-									
Street Address 752 LOCKEFIELD CT	ANAPO	LIS				state IN		ZIP Code 46202							
	Part I. Tax	Retu	ırn Info	rmatio	on (S	See ii	nstr	uction	s on	next pag	ge)				
1. Federal Adjusted Gross Income									47546.						
2. Indiana Adjusted Gross	Income								2.					4	6546.
3. Total Indiana Tax									3.						2443.
4. Total State Tax Withheld									4.						
5. Total County Tax Withhe									5.						615.
6. Total Indiana Tax Credit									6.						2281.
 Refund 8. Amount You Owe 									7. 8.						162.
									0.						102.
9. Type of settlement:] Direct Deposit		Part II.	Elect	roni	c Se	ttiel	ment							
	Direct Deposit				Amou	int 🗌				Dat	e of W	/ithdrav	val		
10. Routing number:					lote: 1	The fii	rst tv	vo digi	ts of t	he routin	g num	ber mus	st be 01	l - 12 or	21 - 32.
11. Account number:													D	o No	t Mail
	Checking 🛛 Sa	vings	Hoc	osier W	/orks	мс								This F	
13. Place an "X" in the box	•	-					Sta	tes. 🗋]					To D	OR
My request for direct deposit of to furnish my financial institut payment is properly processe	tion with my routir														
Under penalties of perjury, I d corresponding lines of the elec complete. I consent to my ER using a computer system and pertaining to my use of the sys and/or transmitter an acknowl reason(s) for the rejection. If the reason(s) for the delay of whe	ctronic portion of r RO sending my rei I software to prepa stem and software ledgement of rece he processing of r	ny inco turn, th are and e and to ipt of tr ny retu	on I have ome tax r is declar I transmit o the trar ansmiss	e given eturn. T ation, a t my rel nsmissi ion and	my E To the and a turn e on of d an ir	best ccom lectro my re ndicat	nd tl of m pany nica eturn ion c	he amo y know ving scl lly, I co electro of whetl	rledge hedule nsent onical her or	and belie as and sta to the dis y. I also c not my re	ef, my 2 atemer closur onsen eturn is	2022 re nts to th e to the t to the accept	turn is t e DOF DOR o DOR s ed, and	true, co R. In ado of all inf ending d, if reje	rrect and dition, by ormation my ERO cted, the
Your PIN: Check one box only	у														
I authorize GLOBAL T	TAXES LLC to	enter	my PIN	72 Do not				is my s	ignat	ure on m	y tax y	ear 20	22 eleo	ctronica	ally
□ I will enter my PIN as my entering your own PIN a															
Your signature ►									Date _						D
Spouse's PIN: Check one bo	ox only														- I
I authorize filed income tax return.	to	enter	my PIN	Do not	enter a	all zero:		is my s	ignat	ure on m	y tax y	ear 20	22 eleo	ctronica	ally A
□ I will enter my PIN as my entering your own PIN as															Ν
Your signature ►									Date _						Α
Part IV.	Practitioner Co	ertific	ation a	nd Au	uther	ntica	tion	- Pra	ctitio	oner PIN	l Met	hod O	NLY		-
ERO's EFIN/PIN. Enter your	-				-					2		4 9 Do not e		eros	
I certify that the above numer taxpayer(s) indicated above.															
ERO's signature									Date						