Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subanission Identification Number (SID) Isosper's name						
Spouse's some Part II 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 1 86, 037. 2 Total tax 2 11, 694. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099. 4 1, 933. 4 Amount you want refunded to you 5 Mount you want refunded to you 6 1 1 86, 037. 5 Mount you want refunded to you 7 Amount you ove Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 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 belef, it is true, correct, and complete. I further declare that the amounts in Part I show are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belef, it is true or return of my leave the first of the processing the return or return, and left the date of any refund. If applicable, I authorize the U.S. Treasury and its eleginated Financial Agent to initiate an ACH electronic funds withdrawal direct deably entry to the financial institution account indicated in the tax preparation is to remain in full force and effect until 1 notify the U.S. Treasury and the financial institution account indicated in the tax preparadic Agent to terminate the authorization. To revoke (cancel) a business days prior to the payment effect entremed the cancel and the financial institution account indicated in the tax preparadic Agent to terminate the authorization. To revoke (cancel) a business days prior to the payment effect entremed the cancel and the financial institution account indicated in the tax preparadic Agent to terminate the authorization. To revoke (cancel) a business days prior to the payment entry to	Submission	on Identification Number (SID)				
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 1040-55 filter use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpayer's n	name	Social securit	y number		
Part II 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 filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	SURATE	A PYARI BHUPATHI RAJU	066-83-1813			
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Spouse's name Spouse's social security number					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax	Part I	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re author	izing.)	
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 13, 633. 4 Amount you want refunded to you 5 Amount you owe 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, Ideoter that I have examined a copy of the income tax return (original or amended) I am now authorizing and in the entry to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason of any delay in processing the return or refund, and (c) the dato dary refund. If applicable, I authorize the U.S. Treasury Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for any delay in detectal taxes owed on this return and/or a payment of estimated fax, and the financial institution account indicated in the tax preparation software for any delay in detectal taxes owed on this return and/or a payment of estimated fax, and the financial institution account indicated in the tax preparation software for any delay in glederal taxes owed on this return and/or a payment of estimated fax, and the financial institution account indicated in the tax preparation software for any delay in glederal taxes owed on this return and/or a payment of estimated fax, and the financial institution account indicated in the tax preparation software for any delay in glederal taxes over the control of any return (any final institution indicated in the tax preparation software for any delay in glederal tax and the any and its designated Financial Agent to initiate an ACH electronic transfer and any and the designation institution and institution and institutions and insti	Enter who	<u> </u>				
2 1.1, 6.94. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1.3, 6.33. 4 Amount you want refunded to you . 4 1, 9.39. 5 Amount you owe . 4 1, 9.39. 5 Amount you owe . 4 1, 9.39. 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjun; 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 whorever you get and belief, it is true, correct, and complete. I turnther declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of the 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 dealby intry to the financial institution account indicated that tax preparation software for payment of my federal taxes coved on this return and/or a payment of estimated tax, and the financial institutions to debit the entry to this account. This active that preparation software for payment of my federal taxes coved on this return and/or a payment of estimated tax, and the financial institutions to debit the entry to this account. This active to review confidential information necessary to answer inquiries and resches issues related to the payment. Settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the transmissor. Payment of the payment is settlement date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment is settlement date. I also authorize the financial institutions involved in the payment is processing of the electronic payment of the personal id	Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
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Amount you want refunded to you 5 Amount you owe 7 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 11 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 12 Part alove and he had to receive from do complete. I further declare that the amounts from 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 (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for 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 I terminate institution account indications obstitute the tax preparation software for the tax preparation software for the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent and the tax preparation software for 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 be received no I take that a substance or original or amended of the payment of the electronic payment of taxes to receive confidential information necessary to answer ingulies and resolutions involved in the processing of the electronic payment of taxes to receive confidential information and reseasant to a substance and the processary to the electronic payment of taxes to receive confidential information and the personal identification number (PIN) below is my signature for the income tax return (ori	2 To	tal tax		2	11,6	94.
Amount you want refunded to you Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuny, 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 bellef, it is true, correct, and complete. I further declare that the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete I further declare that the amounts in Part I above and the amounts from the income tax return (original or amended) I am now authorizing, and to the best of the transmission, (b) the reason to rejection of the transmission, (b) the reason of the transmission of the transmission, (b) the reason of the transmission of the section of the transmission. To revoke (cancel) a payment, I must be created the payment of the selection of the section of the transmission of the selection of the transmission. To revoke (cancel) a payment, I must be created	3 Fe	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,6	33.
S Amount you owe	4 An	nount you want refunded to you		4		
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if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ 03/22/2023 Spouse's PIN: check one box only I authorize	return (orig to send my for any dela Agent to in payment of authorizatic payment, I business d taxes to repersonal id Electronic F Taxpayer S S	inal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejeasy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. itiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in its to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requives prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment (settlement) date. I also authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I and authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I and authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I and authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I are to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	ter, or electroction of the trans. Treasury are tended in the tanto debit the the authorizatests must be processing of ayment. I furth now authorizatests must be processing of ayment. I furth now authorizatests must be processing of ayment. I furth now authorizatests must be processing of ayment. I furth now authorizates are the further than th	nic return of ansmission and its design of the entry to this tition. To respect the electron and and, if the electron and and if the electron and its el	originator, (b) the remarked Finance Finance I is account voke (can no later the remarked payments applicable 3 as, but zeros	(ERO) reason nancial are for t. This ncel) a than 2 nent of at the le, my
Spouse's PIN: check one box only	if b	f you are entering your own PIN and your return is filed using the Practitioner PIN methonelow.				
I authorize	Your signa	ature ▶ Date ▶ 0:	3/22/2023			
I authorize	Spouse's	PIN: check one box only				
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. ☐ 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 ►	· —		nv PIN		a	s mv
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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. Don't enter all zeros 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 ▶	S	signature on the income tax return (original or amended) I am now authorizing.	dor	i't enter all z	eros	
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	authorized	to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	rn in accor	danće wi	
	ERO's sig	nature ▶ Date ▶				
	9 5 5.9					

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

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl		_		,		spou	ise (QSS))
Value finat mana		on is a child but not your dependent							Ι,	V	-i-l	itus muumala au
Your first name			Last na							Your social security number 066-83-1813		
SURATHA				ATHI RAJU					_			
if joint return, s	pousers	first name and middle initial	Last nai	me					;	Spouse	s sociai se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt	. no.		Presider	ntial Electi	ion Campaign
752 LOCE	KEFII	ELD CT					H				ere if you	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	е	ZIP code	Э				ntly, want \$3 Checking a
INDIANA	POLIS	5			IN		4620	2			ow will not	
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign p	ostal co	de !	your tax	or refund	i
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-	,	,	,	☐ Yes	⊠ No
Standard		eone can claim: You as a de								,		
Deduction	_	Spouse itemizes on a separate retur	•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before	Janua	ry 2,	1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	nip (4) C	heck th	e box	if qualif	ies for (see	e instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x cre	dit	Credit for o	ther dependents
than four												
dependents, see instruction:	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		94,207.
	b	Household employee wages not re		* *						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·						1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instruct	,				. 1			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i	i					04 005
	<u>z</u>	Add lines 1a through 1h								1z		94,207.
Attach Sch. B	2a	· –	2a			axable interes				2b		
if required.	3a		3a			rdinary divide				3b		
	4a	_	4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	Social security benefits Label{eq:social security benefits	6a			axable amoun	π	•	· .	6b		
Married filing separately,	C 7	Capital gain or (loss). Attach Sche		,	`	,		•		7		
\$12,950	7	1 0 ()			,							0 170
Married filing jointly or	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total inc						9		<u>-8,170.</u> 86,037.
Qualifying surviving spouse,	10	Adjustments to income from Sche						•		10		00,037.
\$25,900 Head of	11	Subtract line 10 from line 9. This is						•		11		86,037.
Head of household,	12	Standard deduction or itemized	-	-						12		12,950.
\$19,400 If you checked	13	Qualified business income deduct				 5-Α		•		13		<u> </u>
any box under	14	Add lines 12 and 13						•		14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer						•		15		73,087.
see instructions.	. •	2	2 0. 1000	-, 5 1 11110 10 y	J 61			•	•	.5	_	, 5, 00 , .

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	11,694.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	11,694.
	19	Child tax credit or credit for other dependen	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	11,694.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	11,694.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 13	3,633.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	13,633.
If you have a	26	2022 estimated tax payments and amount a	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	13,633.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amour	nt you overpaid		34	1,939.
riciana	35a	Amount of line 34 you want refunded to yo		is attached, chec	k here		35a	1,939.
Direct deposit?	b	Routing number 1 1 1 9 0 0 6		c Type:	Checking X	Savings		
See instructions.	d	Account number 1 5 5 2 7 9 9	2 5 4					
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to www.irs.go	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to distructions				omplete b	elow.	X No
		signee's	Phone			onal identif	ication I	
	na		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examinief, they are true, correct, and complete. Declaration		, , ,				, ,
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
				COEGMADE	NCTNEED	Prote		N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	SOFTWARE E		,		t your spouse an
Keep a copy for your records.	Ор	ouse's signature. If a joint return, boar must sign.	Date	Opouse 3 occupan	511		ity Prote	ection PIN, enter it here
	Ph	one no. (682)472-6828	Email address	SURATHABUPA	THI@GMAIL.C	OM		
Doid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SA	I PAVAN KUM	AR DUDIPALLI	03/22/2023	P02470	833	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAXES LLC				Phon	e no. (678)965-9522
Use Only	Fin	m's address 245 ROONEY CT E BRI	UNSWICK N	J 08816		Firm'		88-2145487
								1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information

ion.		Sequence No. 01
	Your soci	ial security number
	066-83	-1813

SURA	THA PYARI BHUPATHI RAJU		066-83	-181	L3
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C		_	3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-8,170.
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			
!	Prizes and awards	8i			
J	Activity not engaged in for profit income	8j			
	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental	01			
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	0			
n	Section 951(a) inclusion (see instructions)	8m 8n			
0	Section 951A(a) inclusion (see instructions)	80			
g	Section 461(I) excess business loss adjustment	8p			
	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form	0.			
·	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
-	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	

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

10

-8,170.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
13	Health savings account deduction. Attach Form 8889	[13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[17	
18	Penalty on early withdrawal of savings	[18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	[22	
23	Archer MSA deduction	[23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SURATHA PYARI BHUPATHI RAJU 066-83-1813 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) SV NAGAR, NAGARAM HYDERABAD TELANGANA IN 500083 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 450. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,000. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,560. 14 14 Repairs . . . 15 Supplies 15 1,950. 16 16 Taxes 17 17 2,310. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 8,620. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -8,170.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8.170.)450. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 8,620. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,170. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-8,170.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2



Indiana Full-Year Resident Individual Income Tax Return

Due

April 18, 2023	
Place "X" in box	

(RZ	If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY)	Place	"X" in box
	from to:	if ame	nding
Your Socia Security N	umber 066 83 1813 Security Number		
Your first n	The second secon	box if applying for	· ITIN Suffix
Tour mst n	initial Last Hattle		Julix
	RATHA PYARI BHUPATHI RAJU		
If filing a jo	oint return, spouse's first name Initial Last name		Suffix
Present ac	ddress (number and street or rural route)		
	750 LOCKERTED OF U	Place "X" in box	
City	752 LOCKEFIELD CT H State ZIP/F	married filing se Postal code	eparately. L
City	State ZIP/F	Postai code	
	INDIANAPOLIS IN 4	6202	
Foreign co	untry 2-character code (see instructions)		
	w the 2-digit county code numbers (found on the back of Schedule CT-40) for the count	y where you lived	and
	Jan. 1, 2022.	ity where	
County wh		•	
you lived		ise worked	
you lived	49 you worked 00 spouse lived spou	•	entries
you lived 1. Enter yo	spouse lived spouse spouse lived spouse live	ise worked	
you lived 1. Enter yo	49 you worked 00 spouse lived spou	Round all	86037.00
you lived 1. Enter you income to	spouse lived spouse spouse lived spouse live	Round all	
 you lived Enter you income t Enter am 	you worked 00 spouse lived spou	Round all	86037.00
 you lived Enter you income t Enter am 	you worked 00 spouse lived spou	Round all	86037.00
 you lived Enter you income to Enter am Add line 	you worked 00 spouse lived spou	Round all	86037.00
 you lived Enter you income to Enter am Add line Enter am 	you worked 00 spouse lived spour federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11 Federal AGI nount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 1 and line 2 nount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions	Round all 2 3	86037.00
 you lived Enter you income to Enter am Add line Enter am 	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11 Federal AGI nount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 1 and line 2	Round all 2 3	86037.00
 you lived Enter you income to Enter am Add line Enter am Subtract 	you worked 00 spouse lived spour federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11 Federal AGI nount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 1 and line 2 nount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions	Round all 2 3	86037.00
 you lived Enter you income to Enter am Add line Enter am Subtract Complete 	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11 Federal AGI nount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 1 and line 2 nount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions line 4 from line 3	Round all 2 3	86037.00
you lived 1. Enter you income to the second of the second	you worked 00 spouse lived spour federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11 Federal AGI mount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 1 and line 2 Indiana Deductions line 4 from line 3 e Schedule 3. Enter amount from Schedule 3, line 7, ose Schedule 3 Indiana Exemptions	Round all 2 3 4 5	86037.00 86037.00 86037.00
you lived 1. Enter you income to the second	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11	Round all 2 3 4	86037.00 86037.00 86037.00
you lived 1. Enter you income to the second	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11	Round all 2 3 4 5	86037.00 86037.00 86037.00
you lived 1. Enter you income to the second	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11	Round all 2 3 4 5	86037.00 86037.00 86037.00
you lived 1. Enter you income to the second	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11	Round all 2 3 4 5	86037.00 86037.00 86037.00
you lived 1. Enter you income to the second	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11	Round all 2 3 4 5	86037.00 86037.00 86037.00
you lived 1. Enter you income to the second	ur federal adjusted gross income from your federal ax return, Form 1040 or Form 1040-SR, line 11 Federal AGI mount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 1 and line 2 Indiana Deductions line 4 from line 3 Indiana Exemptions line 6 from line 5 Indiana Adjusted Gross Income gusted gross income tax: multiply line 7 by 3.23% (.0323) ax. Enter county tax due from Schedule CT-40 ax is less than zero, leave blank) 9 1718.	Round all 2 3 4 5 6 7	86037.00 86037.00 86037.00

12.	Enter credits from Schedule 5, line 12 (enclose schedule)	12	4789.00		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
14.	Add lines 12 and 13		Indiana Credits	14	4789.00
15.	Enter amount from line 11		Indiana Taxes	15	4465.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from li	line 14	(if smaller, skip to line 23)	16	324.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule)	e); cann	ot be greater than line16	17	.00
18.	Subtract line 17 from line 16		Overpayment	18	324.00
19.	Amount from line 18 to be applied to your 2023 estimated tax a	account	(see instructions).		
	Enter your county code county tax to be applied _\$	а	.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	more than line 18)	19d	.00
20.	Penalty for underpayment of estimated tax from Schedule IT-22	210 or l	T-2210A	20	.00
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero	o, see li	ne 23 Your Refund	21	324.00
22.	Direct Deposit (see instructions) a. Routing Number 1 1 1 9 0 0 6 5 9 b. Account Number 1 5 5 2 7 9 9 2 5 4 c. Type: Checking X Savings Hoosier Works No. d. Place an "X" in the box if refund will go to an account outside		nited States		
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions)	-		23	.00
24.	Penalty if filed after due date (see instructions)			24	.00
25.	Interest if filed after due date (see instructions)			25	.00
26.	Amount Due: Add lines 23, 24 and 25		Amount You Owe	26	.00
Sigr	and date this return after reading the Authorization stateme	ent on	Schedule 7. Remember to	enclose So	chedule 7.
 Sign	ature Date	Spo	ouse's Signature		Date

- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Schedule 3: Exemptions

2022

Enclosure Sequence No. **03**

Name(s) shown on Form IT-40	Your Socia	l Security	Security Number			
SURATHA PYARI BHUPATHI RAJU	066	83	1813			
Complete and enclose Schedule IN-DEP: Dependent Information and Additional dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A claiming dependents on line 6 below.	-		formation if you	are		
			Round all entr	ies		
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		_	10	00.00		
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 for v 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; ar who you are eligible to claim as a dependent on line 2 above. 	•					
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. 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, plathe "You were age 65 or older" box below. For all other filers age 65 or older, if this amount is less than \$40,000, place appropriate box(es) below. 						
You were age 65 or older						
Spouse was 65 or older						
Total number of boxes with Xsx \$500		5		.00		
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000		6		.00		
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 T	Total Exemptions	s 7	10	00.00		

Schedule 5: Credits

2022

Enclosure Sequence No. **04**

Name(s) shown on Form IT-40

Your Social Security Number

SURATHA PYARI BHU	PATHI RAJU	066	83	1813
			ı	Round all entries
1. Indiana state tax withheld:	See instructions		1	3005.00
2. Indiana county tax withheld	l: See instructions		2	1784.00
3. Estimated tax paid for 2022	2: include any extension payment made with Form IT	-9	3	.00
4. Unified tax credit for the eld	derly		4	.00
5. Earned income credit: encl	ose Schedule IN-EIC and enter amount from line A-3	B	5	.00
6. Lake County residential inc	ome tax credit		6	.00
	a growing economy credit. Enter amount from Scheo		7	.00
Economic development for	a growing economy retention credit. Enter amount fr 19 (enclose schedule)	om		.00
9. Headquarters relocation cr	edit (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. En	ter total here and on Form IT-40, line 12	Total Credits	12	4789.00
lmportant	Schedule IN-DONATE The amount on line 2 cannot exceed the amount on	ı Form IT-40/IT-40F	PNR, line	16.
· [3-digit code and amount to be donated (see instruction			
a. Enter fund name	code	e no.	1a	.00
b. Enter fund name	code	e no.	1b	.00
c. Enter fund name	code	e no.	1c	.00

2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations

Schedule 7 Form IT-40, State Form 54000 (R13 / 9-22)

Schedule 7: Additional Required Information

2022

Enclosure Sequence No. **06**

Name(s) shown on Form IT-40	Your Social Security Number
SURATHA PYARI BHUPATHI RAJU	066 83 1813
 Federal filing information Are you filing a federal income tax return for 2022? Place "X" in appr 	opriate box. Yes X No
 Out-of-state income: Complete if you and/or your spouse (if filing income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisc for state where you and/or your spouse worked. 	
State where you worked Your income	State where spouse worked Spouse's income
\$.00	\$.00
3. Extension of time to file	
a. Place "X" in box if you have filed a federal extension of time to f	ile, Form 4868, or made an online extension payment. L
b. Place "X" in box if you have filed an Indiana extension of time to	file, 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 Important: If you placed an "X" in the box, you MUST attach Schedul	
5. Schedule IN-40PA filers. If you are eligible to file federal Form 885 indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the	
6. Date of death If any individual listed at the top of the IT-40 died <i>during</i> 2022, ente	
Taxpayer's date of death 2022 Spous	e's date of death 2022
Authorization: Sign Form IT-40 after reading the following states Under penalty of perjury, I have examined this return and all attachmolete and correct. I understand that if this is a joint return, any refund taxes due under this return. Also, my request for direct deposit of my Revenue (DOR) to furnish my financial institution with my routing numbers my refund is properly deposited. I grant permission to DOR to Social Security number(s) used on this return is correct.	nents and to the best of my knowledge and belief, it is true, com- l will be made payable to us jointly and each of us is liable for all or refund includes my authorization to the Indiana Department of mber, account number, account type and Social Security number to
7. Your daytime Your telephone number 6824726828 email ad	drass CIID A MILA DILIDA MILITOCMA TIL. C
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
State ZIP Code	Preparer's signature VENKATA SAI PAVAN KUMAR DU



County Tax Schedule for Full-Year Indiana Residents

2022

Enclosure Sequence No. **07**

Name(s) shown on Form IT-40 Your Social S		Security	Security Number			
S	URATHA PYARI BHUPATHI RAJU		066	83	1813	
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 - Yo	ourself 5037.00	1B	olumn B - Spous	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} .0202000		2B .		
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A	1718.00	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 Mead	e, you must	4	17:	18.00
5.	Enter the amount of income that was taxed by certain Kentucky lo	ocalities (see instruct	ions)	5		.00
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	orm IT-40		7	171	18 00

Form IT-8879 State Form 53399

Indiana Individual Income Tax

DECLARATION OF ELECTRONIC FILING

Income Tax for the Tax Year January 1 - December 31, 2022

Do Not Mail This Form To DOR

(R18 / 9-22)					IO DOIN	<u> </u>	
Sul	bmission ID					<u>_</u>	
First Name and Middle Initial SURATHA PYARI	Last Name BHUPATHI RA	.JU			Your Social Security Number 066 83 1813		
Spouse's First Name and Middle Initial	Spouse's Last Nam	ne		Spouse's Social	Security Number	r	
Street Address 752 LOCKEFIELD CT H	City INDIANAPOLIS	State IN	ZIP Code 46202		Felephone Numb	er	
	x Return Information	(See instructions	on next pag				
Federal Adjusted Gross Income		`	1.	<u>3</u> C)	8603	7	
Indiana Adjusted Gross Income			2.		8503		
Total Indiana Tax			3.		446		
4. Total State Tax Withheld			4.		300!		
5. Total County Tax Withheld			5.		178		
6. Total Indiana Tax Credits			6.		478	9.	
7. Refund			7.		32	4.	
8. Amount You Owe			8.				
	Part II. Electro	nic Settlement					
9. Type of settlement: 🗵 Direct Deposit							
☐ Direct Debit o		ount	Dat	te of Withdrawal			
10. Routing number: 1 1 1 9 0 0) 6 5 9 Note	e: The first two digits	of the routing	g number must be	9 01 - 12 or 21 -	32.	
11. Account number: 1 5 5 2 7 9	9 9 2 5 4				Do Not Ma	ai	
12. Type of account: ☐ Checking ☒ S	avings	(s MC			This Forr	m	
13. Place an "X" in the box if refund will go	to an account outside the	United States.			To DOR	2	
My request for direct deposit of my refund, or one to furnish my financial institution with my rout payment is properly processed.	direct debit of the amount I ing number, account num	owe, includes my aut ber, account type, ar	horization for d social secu	·the Indiana Depa urity number to ei	artment of Reve	nu Id d	
Under penalties of perjury, I declare that the incorresponding lines of the electronic portion of complete. I consent to my ERO sending my rusing a computer system and software to prepertaining to my use of the system and software that and/or transmitter an acknowledgement of recreason(s) for the rejection. If the processing of reason(s) for the delay of when the refund wa	nformation I have given my my income tax return. To the eturn, this declaration, and pare and transmit my return re and to the transmission deipt of transmission and ar	he best of my knowle accompanying sche n electronically, I cons of my return electron n indication of whethe	dge and belied dules and state and state and to the dissipant to the dissipant or not my results.	ef, my 2022 return atements to the D sclosure to the DC consent to the DOI eturn is accepted,	is true, correct OR. In addition OR of all informa R sending my E and, if rejected,	an, batic ER the	
Your PIN: Check one box only							
I authorize GLOBAL TAXES LLC to filed income tax return.		3 1 3 as my sig	nature on m	y tax year 2022 e	electronically		
☐ I will enter my PIN as my signature on mentering your own PIN and your return is	ny tax year 2022 electroni s filed using the Practition	cally filed income ta er PIN method. The	x return. Che ERO must c	eck this box only complete part IV	below.	N	
Your signature ▶		Da	ate			D	
Spouse's PIN: Check one box only						I	
I authorize to filed income tax return.	o enter my PIN Do not ent	as my sig	nature on my	y tax year 2022 e	electronically	A	
☐ I will enter my PIN as my signature on mentering your own PIN and your return is	ny tax year 2022 electroni s filed using the Practition	cally filed income ta er PIN method. The	x return. Che ERO must c	eck this box only complete part IV	if you are below.	N	
Your signature ▶		Da	ate			A	
Part IV. Practitioner 0	Certification and Auth	entication - Prac	titioner PIN	N Method ONL	_	- 1	
ERO's EFIN/PIN. Enter your six-digit EFIN f			2 2			9	
I certify that the above numeric entry is my P taxpayer(s) indicated above. I confirm that I a	IN, which is my signature	for the tax year 2022	electronically	Do not enter ly filed income tax	all zeros return for the		

_____ Date ____

1030 REV 02/17/23 PRO

ERO's signature ▶