Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayor'a pama

талрау		Social Sect	inty num	
PRA	SHANTH REDDY KUNTA	472-6	3-864	б
Spouse	's name	Spouse's s	ocial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you	are au	thorizing.)
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	85,415.
2	Total tax		2	11,562.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,564.
4	Amount you want refunded to you		4	3,002.
5			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

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

3 Ent	8 er fiv	6 re di	4 aits	6 but	as my
don					

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

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

Your signature I	
------------------	--

Prashanth Reddy Kunta

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

03/21/2023

as mv Enter five digits, but don't enter all zeros

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	ate 🕨					 				
Practitioner PIN Method Returns Only—continue below											
Part III Certification and	d Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your size	x-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 nter a	 	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 >	signature Date Date						
	RO Must Retain This Form — Seo mit This Form to the IRS Unless						
For Denominary's Deduction Act Nation and y		DEV 02/00/22 DDO	Earm 8879 (Bay, 01 2021)				

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

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		1 rn 202	22	OMB No. 1545	-0074	IRS Use O	nly—Do no	ot write or stapl	e in this space.
Filing Status Check only one box.		Single D Married filing jointly D warried filing jointly D warried filing jointly D warried the MFS box, enter the name	_	d filing separatel our spouse. If yo	,			()	sp	ualifying su bouse (QSS d's name if)
		on is a child but not your dependent	5	1							. , ,
Your first name	and mi	ddle initial	Last nar	ne					Your	social secu	rity number
PRASHANT	TH RI	EDDY	KUNT	A					472	-63-864	16
lf joint return, s	pouse's	first name and middle initial	Last nar	ne					Spou	se's social s	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Presi	dential Elect	tion Campaigr
11700 LE	BAN	ON RD					9	911		k here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ate	ZIP c	ode			intly, want \$3 . Checking a
Frisco					T	X	750	35	box b	pelow will no	ot change
Foreign country	/ name		F	oreign province/st	ate/coun	ty	Foreig	n postal cod	le your	tax or refund	_
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									X No
Standard Deduction	Som	eone can claim: You as a de	pendent	Your spo	ouse as	a dependent	,			,	
		Spouse itemizes on a separate retur		7	Spouse		n befo	ore Januar	v 2. 195	B 🗌 Ist	blind
Dependents	-			(2) Social sect	•	(3) Relationsh			, ,		e instructions):
If more		irst name Last name		number	unty	to you		Child tax		1	other dependents
than four]		
dependents,]		
see instructions and check	s —]		
here]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	96,199.
liteenie	b	Household employee wages not re	eported of	on Form(s) W-2					-	1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	tructions) .						1c	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (se	ee instru	uctions)			-	1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forr	m 2441, line 26						1e	
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f	
lf you did not	g	Wages from Form 8919, line 6 .							-	1g	
get a Form W-2, see	h	Other earned income (see instruction	ions) .				· ·		•	1h	0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		1 i					
	z	Add lines 1a through 1h							•	1z	96,199.
Attach Sch. B	2a	· ·	2a			axable interest			· [2b	
if required.	3a		3a			Ordinary divide			· [3b	
	4a		4a			axable amoun				4b	
Standard Deduction for—	5a		5a			axable amoun				5b	
Single or	6a	,	6a			axable amoun	t		÷ ⊢	6b	
Married filing separately,	С	If you elect to use the lump-sum e					• •			_	
\$12,950	7	Capital gain or (loss). Attach Schee		•	·	-	• •			7	
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •		· -		10,784.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		· -	9	85,415.
\$25,900	10	Adjustments to income from Sche					• •		-	10	
 Head of household, 	11	Subtract line 10 from line 9. This is	•				• •		-	11	85,415.
\$19,400	12	Standard deduction or itemized		,	,		• •			12	12,950.
 If you checked any box under 	13	Qualified business income deduction					• •		-	13	10 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer								14	<u>12,950.</u>
see instructions.	15		U ULIESS	, enter -u IIIIS	is your		σ.		•	15	72,465.

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

	'									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	11	,562.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	11	,562.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11	,562.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	11	,562.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 14	1,564.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						25d	14	,564.
Here have a	26	2022 estimated tax payment	s 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 fror				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14	,564.
Refund	34	If line 33 is more than line 24						34	3	,002.
neiuliu	35a	Amount of line 34 you want i	refunded to you	J. If Form 8888	is attached, che	ck here	🗌	35a	3	,002.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 9 9 3	9 7 0 3	7 2			-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.gov	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				
Designee	ins	tructions				🗌 Yes. C	omplete l	below.	🗙 No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		<u> </u>
<u></u>							. ,			
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation		1	· ·	nt you an Ide	0
				Dato	roa occapation		Prot	ection P	IN, enter it he	
Joint return?					DATA ENGIN	NEER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spous	
your records.								inst.)	ection PIN, er	
	Ph	one no. (414)439-641'	7	Email address		VEINTAGONATI	`	,		
		one no. (414)439-641' parer's name	/ Preparer's signat		FIAGUANTUKEDD	YKUNTA@GMAIL.C			Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208	2702	Self-en	nploved
-		n's name GLOBAL TAX		TAUAG INA	OUFIA IAUUAM	05/21/2025	· · · ·	2703 ne no. (678)965	
Preparer	Live								U/U/707	
Preparer Use Only		n's address 245 ROONES		NSWICK N.	J 08816			's EIN		71965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PRASHANTH REDD	Y KUNTA	472-63	-8646

Par	t 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. Att		5	-10,784.
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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	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	, or 1040-NR, line 8	10	-10,784.

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					
e	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

(Forn	า 1040)	(From r	ental real estate,	royalties, partnersh	nips, S	corporati	ons, es	tates,	trusts, REMI	Cs, etc.)	90	199
	ment of the Treasury Revenue Service			ach to Form 1040, <i>gov/ScheduleE</i> for					formation.		Attachm Sequend	nent ce No. 13
Name(s	s) shown on return									Your socia	al security	number
	SHANTH REDD									472-6	3-8646	
Par				Real Estate and								
	rental inco	ome or los	s from Form 4835		-				-		-	
				would require you								
В	If "Yes," did you	or will y	ou file required F	orm(s) 1099? .							. 🗌 Ye	s 🗌 No
1a				eet, city, state, ZIF		,		<u> </u>				
Α	H.NO.3-10	/1, NA	LLAVELLY NI	ZAMABAD TELA	NGAN	JA IN 5	0316	4				
В												
С								1		1		
1b	Type of Prope (from list below					and		Fa	ir Rental Days	Person Da		QJV
Α	3			ays. Check the QJ			Α		365		0	
В				requirements to fi enture. See instru			В					
С			quaimed joint v	enture. See instru	CLIOITS	».	С					
Туре	of Property:											
1	Single Family R	esidence	e 3 Vacation	/Short-Term Rent	tal	5 Land		7	Self-Rental			
2	Multi-Family Re	sidence	4 Commer	rcial		6 Roya	Ities	8	Other (desc	ribe)		
									Propert			
Incor	no:						Α		B	103.		С
3		4			3			10.				0
4					4			<u> </u>				
	nses:	iveu			-							
5					5							
6	0		structions)		6							
7			ance		7		1,9	84				
8					8		-,-	01.				
9					9							
10			sional fees		10							
11					11		1,1	80.				
12	-		to banks, etc. (s		12		_,_					
13					13							
14					14		2,9	50.				
15	Supplies				15		2,7	50.				
16	Taxes				16							
17	Utilities				17		2,4	30.				
18	Depreciation e	xpense	or depletion		18							
19	Other (list)				19							
20	Total expenses	s. Add lir	nes 5 through 19		20		11,2	94.				
21				or 4 (royalties). If								
			structions to find	d out if you must	21	-	-10,7	84.				
22			estate loss after l tructions)		22	(-	10,78	34)	,)	(
23a		-		or all rental prope		<u> </u>		23a		510.	(
25a b				or all royalty prope				23b		5101		
c								23c				
d				for all properties				23d				
e				for all properties				23e	11	,294.		
24				on line 21. Do no t						. 24		
25		-		nd rental real estat		-		inter to	tal losses he		(1	10,784.
		-										

Supplemental Income and Loss

SCHEDULE E

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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

26

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-10,784.

OMB No. 1545-0074

1	NPR			1						2022
_	onresident & part-year reside	nt	Fo	┘ r the ve	ar Jan.	1-Dec	. 31, 2022,	or other tax y	ear	
	lisconsin income tax			-				ending		. 20
	neck here if this is an amended retu	ırn 🕨 🚬								
Yo	our legal last name	Legal first nar	me			M.I.	Your social se	curity number		
	UNTA	PRASHA			DY			4	726386	546
lfa	a joint return, spouse's legal last name	Spouse's lega	al first n	ame		M.I.	Spouse's soci	al security numbe	er	
	ome address (number and street). If you have 1700 LEBANON RD	a PO Box, see	e page 1	4	Apt. no. 911		Tax distric	t v then fill in eithe	er the name	of the Wiscons
	ty or post office		ate	Zip code			lived at the	, or town, and end of 2022 o	r before le	
	RISCO		TX preign p		ate/county	v	(nonresiden	ts leave blank).		_
0			leigh p	1011100/31	ateroounty	y	City, village		Villag	ge Tow
Fil	ling status	Fo	oreign p	ostal code	e		or town			
	Single						County of			
	_ Married filing joint return						-			
	(, ,	Legal last nan	ne				School dis	strict number	* See page &	57
	_ Married filing separate return. Fill in spouse's SSN above	Legal first nar	me			M.I.	Special			
	and full name here						condition			
	_ Head of household, NOT married	d (see page 1	15)			\uparrow	Form	804 filed with I	eturn (see	page 12)
	_ Head of household, married (see	page 15) If								
Re	usident status Check the status that USpouse Full-year resident of Wiscon	S t applies	SN ab	ove and	full name	e here				
Re Yo	esident status Check the status that u Spouse Full-year resident of Wisconsin; status Nonresident of Wisconsin; status Part-year resident of Wisconsin; status	t applies S usin state of reside nsin from	SN abo	ove and <u>کل</u> (2-اد <u>پ</u> رېر	full name	e abbrev dd	viation) Note	: Complete resid		
Re Yo X	esident status Check the status that u Spouse Full-year resident of Wiscon Nonresident of Wisconsin; s	t applies S usin state of reside nsin from	SN abo	ove and <u>کل</u> (2-اد <u>پ</u> رېر	full name	e abbrev	viation) Note		lence quest	ionnaire, page 5 onsin columr
Re Yo X	esident status Check the status that u Spouse	t applies	SN ab	TX (2-le <u>yyyy</u> 7 8 9	full name	e abbrev dd OMMAS CENTS	viation) <u>vyyyy</u> Note A. Fede	: Complete resid	lence quest B. Wisc	
	esident status Check the status that u Spouse	t applies S sin state of reside nsin from	SN abo	CX (2-le	full name	e abbrev dd OMMAS CENTS	viation) Note A. Fede	: Complete resid eral column 96199.00	lence quest	ionnaire, page 5 onsin columr
	esident status Check the status that u Spouse	t applies S sin state of reside nsin from	ence <u>1</u> 	CX (2-le	full name	e here dd OMMAS CENTS	viation) Note VYYY A. Fede 1 2	: Complete resid eral column 96199.00 .00	B. Wisc	ionnaire, page 5 onsin columr 52469.0 .0
	esident status Check the status that u Spouse Full-year resident of Wisconsin; si Nonresident of Wisconsin; si Part-year resident of Wisconsin Print numbers like this $\rightarrow 0$ Mot like this $\rightarrow 0147$ Wages, salaries, tips, etc. (see page Taxable interest (see page 18)	t applies S sin state of reside nsin from mm I 234: ge 17) of state and	ence <u>1</u> 	TX (2-le	full name	e here dd OMMAS CENTS	viation) VYYYY A. Fedd 1 2 3 3	: Complete resideral column 96199.00 .00	B. Wisc	ionnaire, page 5 onsin columr 52469.0 .0 .0
	esident status Check the status that u Spouse	t applies S usin state of reside nsin from	ssN abo ence _1 567	CX (2-le <u>yyyy</u> 7 8 9	full name	e abbrev dd OMMAS CENTS	viation) Note VYYY A. Fede 1 2 3 4 	: Complete resid eral column 96199.00 .00 .00	B. Wisc	ionnaire, page 5 onsin columr 52469.0 .0 .0
	esident status Check the status that u Spouse	t applies sin sin state of reside nsin from mm I 234 ge 17) of state and (Form 1040)	ence <u>1</u> 	TX (2-le yyyy 7 8 I incom	full name	e abbrev dd OMMAS CENTS	viation) VYYYY A. Fedd A. Fedd	: Complete resid eral column 96199.00 .00 .00 .00	B. Wisc	ionnaire, page 5 onsin columi 52469.0 .0 .0 .0
Re Yo X 1 2 3 4 5 6	esident status Check the status that u Spouse	st applies sum state of reside nain from	ence <u>1</u> <i>dd</i> 567 d loca	CX (2-le yyyy 789	full name	e abbrev dd OMMAS CENTS	viation) Note VYYYY A. Fedo A. Fedo	: Complete resid	B. Wisc	ionnaire, page 5 onsin columi 52469.0 .0 .0 .0 .0
	esident status Check the status that u Spouse	sin state of reside nsin from I 23 4 ! ge 17) of state and (Form 1040) ge 19)	ence <u>1</u> - dd 	TX (2-le yyyy 7 7 8 I incom	full name	e abbrev dd OMMAS CENTS	viation) Note VYYY A. Fede 1 2 3 4 5 6 7	: Complete resid	B. Wisc	ionnaire, page 5 onsin columi 52469.0 .0 .0 .0 .0 .0 .0
Ree Yo X X N C X S 6 7 8	esident status Check the status that u Spouse	sin state of reside nsin from I 23 4 : ge 17) of state and (Form 1040) ge 19))	ence <u>1</u> 	TX (2-le yyyy 789 I incom	full name	e abbrev dd OMMAS CENTS 	viation) Note yyyy Note A. Fedded 1 2 3 4 5 6 7	: Complete resid	B. Wisc	ionnaire, page 5 onsin columr 52469.0 .0 .0 .0 .0 .0 .0 .0
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17Educator expenses (see page 23)17.0018Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23)18.0019Health savings account deduction (see page 23)19.0020Moving expenses for members of the armed forces (see page 23)20.0021Deductible part of self-employment tax (see page 24)21.0022Self-employed SEP, SIMPLE, and qualified plans (see page 24)22.0023Self-employed health insurance deduction (see page 25)23.0024Penalty on early withdrawal of savings (see page 25)24.0025Alimony paid (see page 25)25.0026IRA deduction (see page 25)26.0027Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26)27.0029Total adjustments to income. Add lines 17 through 2829.0030Wisconsin income. Subtract line 29, column B from line 16, column B.3031Federal income. Subtract line 29, column A from line 16, column A32Divide line 30 by line 31. Carry the decimal to four places. If amount	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
18Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23)18.0019Health savings account deduction (see page 23)19.0020Moving expenses for members of the armed forces (see page 23)20.0021Deductible part of self-employment tax (see page 24)21.0022Self-employed SEP, SIMPLE, and qualified plans (see page 24)22.0023Self-employed health insurance deduction (see page 25)23.0024Penalty on early withdrawal of savings (see page 25)24.0025Alimony paid (see page 25)25.0026IRA deduction (see page 25)26.0027Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26)	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
fee-basis government officials (see page 23) 18 .00 19 Health savings account deduction (see page 23) 19 .00 20 Moving expenses for members of the armed forces (see page 23) 20 .00 21 Deductible part of self-employment tax (see page 24) 21 .00 22 Self-employed SEP, SIMPLE, and qualified plans (see page 24) 22 .00 23 Self-employed health insurance deduction (see page 25) 23 .00 24 Penalty on early withdrawal of savings (see page 25) 24 .00 25 Alimony paid (see page 25) 25 .00 26 IRA deduction (see page 25) 26 .00 27 Student loan interest deduction (see page 26) 27 .00 28 Other adjustments (see page 26) 27 .00 29 Total adjustments to income. Add lines 17 through 28 29 .00 29 Total adjustments to income. Add lines 17 through 28 .00 .00 30 Wisconsin income. Subtract line 29, column B from line 16, column B .00 .00 31 Federal income. Subtract line 29, column A from line 16, column A .01	.00 .00 .00 .00 .00 .00 52469.00
20Moving expenses for members of the armed forces (see page 23) 20.0021Deductible part of self-employment tax (see page 24)	.00 .00 .00 .00 .00 .00 .00 .00 .00
21Deductible part of self-employment tax (see page 24)21.0022Self-employed SEP, SIMPLE, and qualified plans (see page 24)22.0023Self-employed health insurance deduction (see page 25)23.0024Penalty on early withdrawal of savings (see page 25)24.0025Alimony paid (see page 25)25.0026IRA deduction (see page 25)26.0027Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26)27.0029Total adjustments to income. Add lines 17 through 2829.0030Wisconsin income. Subtract line 29, column B from line 16, column B.00.0031Federal income. Subtract line 29, column A from line 16, column A.01.0232Divide line 30 by line 31. Carry the decimal to four places. If amount.01.01	.00 .00 .00 .00 .00 .00 .00 .00
22Self-employed SEP, SIMPLE, and qualified plans (see page 24)22.0023Self-employed health insurance deduction (see page 25)23.0024Penalty on early withdrawal of savings (see page 25)24.0025Alimony paid (see page 25)25.0026IRA deduction (see page 25)26.0027Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26)27.0029Total adjustments to income. Add lines 17 through 2829.0030Wisconsin income. Subtract line 29, column B from line 16, column B.30.85415.0031Federal income. Subtract line 29, column A from line 16, column A.31.85415.00	.00 .00 .00 .00 .00 .00 52469.00
23Self-employed health insurance deduction (see page 25)23.0024Penalty on early withdrawal of savings (see page 25)24.0025Alimony paid (see page 25)25.0026IRA deduction (see page 25)26.0027Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26)111129Total adjustments to income. Add lines 17 through 2829.0020Wisconsin income. Subtract line 29, column B from line 16, column B303131Federal income. Subtract line 29, column A from line 16, column A3185415.0032Divide line 30 by line 31. Carry the decimal to four places. If amount14.0	.00 .00 .00 .00 .00 .00 52469.00
24Penalty on early withdrawal of savings (see page 25)24.0025Alimony paid (see page 25)25.0026IRA deduction (see page 25)26.0027Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26)27.0029Total adjustments to income. Add lines 17 through 2829.0030Wisconsin income. Subtract line 29, column B from line 16, column B303131Federal income. Subtract line 29, column A from line 16, column A3185415.00	.00 .00 .00 .00 .00 52469.00
25 Alimony paid (see page 25) 25 .00 26 IRA deduction (see page 25) 26 .00 27 Student loan interest deduction (see page 26) 27 .00 28 Other adjustments (see page 26) 27 .00 29 Total adjustments to income. Add lines 17 through 28 29 .00 Adjusted Gross Income 30 Wisconsin income. Subtract line 29, column B from line 16, column B 30 31 Federal income. Subtract line 29, column A from line 16, column A 31 85415.00	.00 .00 .00 .00 52469.00
26 IRA deduction (see page 25)	.00 .00 .00 52469.00
27Student loan interest deduction (see page 26)27.0028Other adjustments (see page 26). Include Schedule M if line 28b has an amount28.0029Total adjustments to income. Add lines 17 through 2829.00Adjusted Gross Income30Wisconsin income. Subtract line 29, column B from line 16, column B3031Federal income. Subtract line 29, column A from line 16, column A3185415.0032Divide line 30 by line 31. Carry the decimal to four places. If amount142	.00 .00 .00 52469.00
28 Other adjustments (see page 26). Include Schedule M if line 28b has an amount 28 .00 29 Total adjustments to income. Add lines 17 through 28	.00 .00 52469.00
29 Total adjustments to income. Add lines 17 through 28	.00 52469.00
Adjusted Gross Income 30 30 Wisconsin income. Subtract line 29, column B from line 16, column B . 30 31 Federal income. Subtract line 29, column A from line 16, column A 31 32 Divide line 30 by line 31. Carry the decimal to four places. If amount	52469.00
30Wisconsin income. Subtract line 29, column B from line 16, column B .3031Federal income. Subtract line 29, column A from line 16, column A3132Divide line 30 by line 31. Carry the decimal to four places. If amount	
31 Federal income. Subtract line 29, column A from line 16, column A 31 85415.00 32 Divide line 30 by line 31. Carry the decimal to four places. If amount 6142	
32 Divide line 30 by line 31. Carry the decimal to four places. If amount	
on line 30 is more than amount on line 31, fill in 1.0000. (See page 27) 326143	
Tax Computation	
33 Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But, if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	85415.00
34a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28	
<u>34b</u> Aliens (see page 27 to determine if you must check line 34b)	
<u>34c</u> Find the standard deduction for amount on line 31 using table on page 48	3599.00
35 Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	81816.00
36 Exemptions (Caution: see page 28)	
<u>a</u> Fill in exemptions allowed <u>1</u> x \$700 36a 700.00	
b Check if 65 or older You + Spouse = x \$250 36b .00 c Add lines 36a and 36b 36c 36c	700.00
	81116.00
38 Tax (see table on page 50) 38	
39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39 .00	
<u>40</u> Additional child and dependent care tax credit	
Federal credit .00 x 50% = 40 .00 41 School property tax credits (part-year and full-year residents only) .00	
a Rent paid in 2022-beat included (00) Find credit from	
Rent paid in 2022–heat not included .00) able page 52 ···· •·· •·· ···	
b Property taxes paid on home in 2022 .00 Find credit from table page 33 41b .00	
42 Add credits on lines 39, 40, 41a, and 41b	.00
43 Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	3993.00
44 Fill in ratio from line 32	.6143
45 Multiply line 43 by ratio on line 44	



2022	Form 1NPR		Page 3 of 4
	e(s) shown on Form 1NPR RASHANTH REDDY KUNTA	Your social security	
46	Fill in amount from line 45	46	2453.00
47	Working families tax credit. (Full-year Wisconsin residents only) 47	.00	
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 48		
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR 49		
50	Net income tax paid to another state. Include Schedule OS 50		
51	Add lines 47 through 50		.00
52	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net ta	ax . 52	2453.00
<u>53</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36 If you certify that no sales or use tax is due, check here		.00
54	Donations (decreases refund or increases amount owed)		
<u> </u>	a Endangered resources00 e Military family relief	.00	
	b Cancer research00 f Second Harvest/Feeding Amer.	.00	
	c Veterans trust fund	00	
	d Multiple sclerosis		
	Total (add lines a through h)		.00
55	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) .00 x .3	3 = 55	.00
56			.00
57	Add lines 52 through 56	57	2453.00
	Wisconsin income tax withheld. Include readable withholding statements . 58 262 2022 Wisconsin estimated tax paid and amount applied from 2021 return . 59 Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children ▶ Federal credit .00 x % = 60	.00	
		.00	
01	Farmland preservation credit. a. Schedule FC, line 17	.00	
62	b. Schedule FC-A, line 13 61b	.00	
6 <u>2</u>	Repayment credit 62 Homestead credit. (Full-year Wisconsin residents only) 63	.00	
6 <u>3</u>	Eligible veterans and surviving spouses property tax credit		
64 65			
65 66	Refundable credits from Schedule CR, line 40 65 AMENDED RETURN ONLY – amount previously paid (see page 44) 66		
66 67		<u>.00</u>	
	Add lines 58 through 66 67 262 AMENDED RETURN ONLY amount provide laboration of the second seco		
	AMENDED RETURN ONLY – amount previously refunded (see page 44) . 68		2623.00
09		09	2023.00
Re	fund or Amount You Owe		
	If line 69 is more than line 57, subtract line 57 from line 69. This is the AMOUNT OVERPAID		
	Amount of line 70 you want REFUNDED TO YOU		170.00
72	Amount of line 70 to be APPLIED TO YOUR 2023 ESTIMATED TAX 72 0	.00	



2022 Form 1NPR Paper clip a copy of your federal in tax return and schedules to this r	ncome eturn.	SSN	472638646	Page 4 of 4
73 If line 69 is less than line 57, subtract line 69 from line 5	7 This is the A	AMOUNT	UNDERPAID 73	.00
<u>74</u> Underpayment interest. Fill in exception code – see Sch	. U → .			.00
75 Add lines 73 and 74. This is the AMOUNT YOU OWE				
76 Interest (see page 47)				
Third Do you want to allow another person to discuss this return with	h the department (see page 4		the following. X No
Party Designee's name	Phone no. 🕨		Personal identification number (PIN)	
Under penalties of law, I declare that this return and all attachments a	are true, correct, a	and compl	ete to the best of my kr	owledge and belief.
Sign	Date		Wisconsin Identity Pro	tection PIN (7 characters)
here				
Spouse's signature (if filing jointly, BOTH must sign)	Date		Wisconsin Identity Pro	tection PIN (7 characters)
Sign here				
Caution: Only enter a Wisconsin Identity Protection PIN if you received	l one from the dep	artment (s	ee page 47).	
Mail your return to: Wisconsin Department of Revenue				
(if tax is due) (if refund or no tax due	e)			
PO Box 268 PO Box 59 Madison WI 53790-0001 Madison WI 53785-	0001			
Schedule 1 – Wisconsin Itemized Deduction	Credit (see	line 39 ir	structions)	
<u>1</u> Medical and dental expenses from federal Schedule A (For exceptions				.00
2 Interest paid from federal Schedule A (Form 1040). See ir			-	
3 Gifts to charity from federal Schedule A (Form 1040). See			-	
4 Casualty losses from federal Schedule A (Form 1040)			-	
5 Add lines 1 through 4				.00
6 Wisconsin standard deduction from Form 1NPR, line 34c			6 <u>.</u>	.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill	in 0 (zero)			
8 Rate of credit is .05 (5%)			-	x .05
9 Multiply line 7 by line 8. Fill in here and on line 39 of Form	1NPR			.00
Cabadula 2 Married Courses Credit				
Schedule 2 – Married Couple Credit May be cla	-	•	es have earned income (A) YOURSELF	(B) YOUR SPOUSE
<u>1</u> Wages, salaries, tips, etc., included in column B of line 1 Do not include deferred compensation (even though repo				
taxable scholarships or fellowships not reported on a W-2			.00	.00
2 Net profit or (loss) from self-employment from federal Sche				
and F (Form 1040), Schedule K-1 (Form 1065), and any otl employment or earned income included in column B on F			.00	.00
3 Combine lines 1 and 2. This is your total Wisconsin earner			.00	.00
4 Add amounts on Form 1NPR, lines 18, 22, 26, and 28, co			.00	00
total of these adjustments that apply to your or your spouse			.00	.00
5 Subtract line 4 from line 3. This is your qualified earned in		5	.00	.00
6 Compare the amount in columns (A) and (B) of line 5. Fill smaller amount here. If more than \$16,000, fill in \$16,000	in the		6	.00
7 Rate of credit is .03 (3%).				x .03



.00

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		1 rn 202	22	OMB No. 1545	-0074	IRS Use O	nly—Do no	ot write or stapl	e in this space.
Filing Status Check only one box.		Single D Married filing jointly D warried filing jointly D warried filing jointly D warried the MFS box, enter the name	_	d filing separatel our spouse. If yo	,			()	sp	ualifying su bouse (QSS d's name if)
		on is a child but not your dependent	5	1							. , ,
Your first name	and mi	ddle initial	Last nar	ne					Your	social secu	rity number
PRASHANT	TH RI	EDDY	KUNT	A					472	-63-864	16
lf joint return, s	pouse's	first name and middle initial	Last nar	ne					Spou	se's social s	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Presi	dential Elect	tion Campaigr
11700 LE	BAN	ON RD					9	911		k here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ate	ZIP c	ode			intly, want \$3 . Checking a
Frisco					T	X	750	35	box b	pelow will no	ot change
Foreign country	/ name		F	oreign province/st	ate/coun	ty	Foreig	n postal cod	le your	tax or refund	_
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									X No
Standard Deduction	Som	eone can claim: You as a de	pendent	Your spo	ouse as	a dependent	,			,	
		Spouse itemizes on a separate retur		7	Spouse		n befo	ore Januar	v 2. 195	B 🗌 Ist	blind
Dependents	-			(2) Social sect	•	(3) Relationsh			, ,		e instructions):
If more		irst name Last name		number	unty	to you		Child tax		1	other dependents
than four]		
dependents,]		
see instructions and check	s —]		
here]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	96,199.
meenie	b	Household employee wages not re	eported of	on Form(s) W-2					-	1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	tructions) .						1c	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (se	ee instru	uctions)			-	1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forr	m 2441, line 26						1e	
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f	
lf you did not	g	Wages from Form 8919, line 6 .							-	1g	
get a Form W-2, see	h	Other earned income (see instruction	ions) .				· ·		•	1h	0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		1 i					
	z	Add lines 1a through 1h							•	1z	96,199.
Attach Sch. B	2a	· ·	2a			axable interest			· [2b	
if required.	3a		3a			Ordinary divide			· [3b	
	4a		4a			axable amoun				4b	
Standard Deduction for—	5a		5a			axable amoun				5b	
Single or	6a	,	6a			axable amoun	t		÷ ⊢	6b	
Married filing separately,	c	If you elect to use the lump-sum e					• •			_	
\$12,950	7	Capital gain or (loss). Attach Schee		•	·	-	• •			7	
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •		· -		10,784.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		· -	9	85,415.
\$25,900	10	Adjustments to income from Sche					• •		-	10	
 Head of household, 	11	Subtract line 10 from line 9. This is	•				• •		-	11	85,415.
\$19,400	12	Standard deduction or itemized		,	,		• •			12	12,950.
 If you checked any box under 	13	Qualified business income deduction					• •		-	13	10 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer								14	<u>12,950.</u>
see instructions.	15		U ULIESS	, enter -u IIIIS	is your		σ.		•	15	72,465.

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

	'									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	11	,562.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	11	,562.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11	,562.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	11	,562.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 14	1,564.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						25d	14	,564.
Here have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit fror				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14	,564.
Refund	34	If line 33 is more than line 24						34	3	,002.
neiuliu	35a	Amount of line 34 you want i	refunded to you	J. If Form 8888	is attached, che	ck here	🗌	35a	3	,002.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 9 9 3	9 7 0 3	7 2			-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.gov	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				
Designee	ins	tructions				🗌 Yes. C	omplete l	below.	🗙 No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		<u> </u>
<u></u>							. ,			
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation		1	· ·	nt you an Ide	0
				Dato	roa occapation		Prot	ection P	IN, enter it he	
Joint return?					DATA ENGIN	NEER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spous	
your records.								inst.)	ection PIN, er	
	Ph	one no. (414)439-641'	7	Email address		VEINTAGONATI	<u>`</u>	,		
		one no. (414)439-641' parer's name	/ Preparer's signat		FIAGUANTUKEDD	YKUNTA@GMAIL.C			Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208	2702	Self-en	nploved
-		n's name GLOBAL TAX		TAUAG INA	OUFIA IAUUAM	05/21/2025	· · · ·	2703 ne no. (678)965	
Preparer	Live								U/U/707	
Preparer Use Only		n's address 245 ROONES		NSWICK N.	J 08816			's EIN		71965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PRASHANTH REDD	Y KUNTA	472-63	-8646

Par	t 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. Att	ach Schedule E	5	-10,784.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	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	, or 1040-NR, line 8	10	-10,784.

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

(Form	n 1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									90	199	
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attachment Sequence No. 13		
Name(s) shown on return										Your socia	al security	number	
PRASHANTH REDDY KUNTA											53-8646		
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. A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions												
B	f "Yes," did you		•								. 🗌 Ye	s 🗌 No	
1a	,			treet, city, state, ZIF		,		<u> </u>					
Α	H.NO.3-10	/1, NA	LLAVELLY N	IZAMABAD TELA	ANGAN	NA IN 5	0316	4					
В													
С													
1b	Type of Prope (from list belov		above, report	each rental real estate property ove, report the number of fair rer		ental and		Fair Rental Days		Personal Use Days		QJV	
Α	3		personal use			Α		365		0			
В		if you meet the requirements to f qualified joint venture. See instru					В						
С						S. C							
Туре	of Property:									•			
1	Single Family R	esidence	e 3 Vacatio	on/Short-Term Ren	tal	5 Land		7	Self-Rental				
2	Multi-Family Re		6 Roya	lties	8	Other (desc	ribe)						
									Propert				
Income:						A			B			С	
3							510.					•	
4					3			±0.					
Expei													
5					5								
6	0	ertising											
7	Cleaning and maintenance						1,984.						
8	Commissions	8											
9				9									
10		sional fees .	10										
11	Management f	11		1,1	80.								
12	Mortgage inter	12											
13	Other interest			13									
14	Repairs	14	2,950.										
15	Supplies .	15		2,7	50.								
16	Taxes	16											
17	Utilities	17		2,4	30.								
18	Depreciation e	xpense	or depletion .		18								
19	Other (list)				19								
20	Total expenses		20		11,2	94.							
21				d/or 4 (royalties). If									
			structions to fi	21	-	-10,7	84.						
22				r limitation, if any,	22	(10,78		,	١	(
23a	Total of all am		· · · ·		23a		510.	(
zsa b	Total of all am				23a		510.						
c D			ported on line 4				23D						
d					230 23d								
e								23u	11	,294.			
24				n on line 21. Do no				200		. 294.			
25		-		and rental real estat		-		nter to	tal losses he		(-	10,784.	
-		,,									、	, ,	

Supplemental Income and Loss

SCHEDULE E

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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

26

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-10,784.

OMB No. 1545-0074