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

Special security number ALSISMARVA KOTHAPALLY Special's name Special security number ALSISMARVA KOTHAPALLY Special's name Special security number Special sec	Submission Identification Number (SID)					
Spouse's social security number	Taxpayer's name		Social security	, numbe	er	
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 1 128, 313. 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 25, 597. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 1 Adjusted the second of	AISHWARYA KOTHAPALLY		486-41-	4014		
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	Spouse's name		Spouse's soci	al secur	ity numbe	r
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	Part I Tax Return Information — Tax Year Ending December 31.	2022 (Enter v	ear vou ar	e auth	norizina.	.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 25, 597. 4 Amount you want refunded to you 4 4 4, 597. 5 Amount you want refunded to you 5 Amount you want produced to you 6 Amount you want set with the sexamined a copy of the income tax return (original or amended) I am now authorizing, and to the best of return original or amended) I am now authorizing, consent to allow my intermediate service provider, transmitter, or electronic return originator (EPO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or resson for rejection of the more service of the service provider, transmitter, or electronic return originator (EPO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or resson for rejection of the manismission, (b) the restor 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 withdrawd (circle debt) retry to the financial institution control indicated in the repearation software for payment of my federal taxes owed on this enturn and/or a payment of estimated tax, and the financial institution to delibe the entry to the experiment of my federal taxes owed on the setum and/or apayment of estimated tax, and the financial institutions to delibe the entry to the second receipt or reson time federal taxes over the second of the entry to the financial institutions intendicated in the second repayment of estimated tax, and the financial institutions involved in the processing of the electronic payment of the second resonance of the second receipt of the second receipt and the payment is the second receipt of the second receipt and the payment is settlement date. I also authorize the financial institutions involved in the processing of t	-	(=:::0:)				·/
2 2 2,000. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 25,597. 4 Amount you want refunded to you 4 4,597. 5 Amount you want refunded to you 4 4,597. 5 Amount you want refunded to you 4 4,597. 5 Amount you want refunded to you 4 4,597. 5 Amount you want refunded to you 4 4,597. 5 Amount you want refunded to you 4 4,597. 5 Amount you want refunded to you 4 4 4,597. 5 Amount you want refunded to you 4 4 4,597. 5 Amount you want refunded to you 4 4 4,597. 5 Amount you want refunded to you 4 4 4,597. 5 Amount you want refunded to you 4 4 4,597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you 4 4 4 597. 5 Amount you want refunded to you want you you want you you want you want you	·					
Amount you want refunded to you A mount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Londer penalties of perjuny, I clocater 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 original from the income tax return (original or amended) in am now authorizing 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 electrated in structure or electronic processing the result or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution in clocal institution in clocal institution in clocal institution in clocal institutions are all institutions and the financial institutions are all institutions and the financial institutions are preparation software for tax estimates and the financial proparation and 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 payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the present all debits and the pro	1 Adjusted gross income			1	128	,313.
Amount you want refunded to you Amount you want refunded to you Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 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 whore your get and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of year of 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 of the provider in the provided in the tax preparation software for supported that the another in the provider is a constant to the provider in the tax preparation software for ayament of my federal taxes would on this return and/or a payment of settinated tax, and the financial institution account indicated in the tax preparation software for ayament of my federal taxes would on this return and/or a payment of settinated and ACH electronic transmissions and and/or a payment of settinated in setting in such providers and 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 1-838-335-4357. Payment cancellation requests into the certification and account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-838-335-4357. Payment cancellation requests into the received no later than 2 business days prior to the payment of settlement) date. I have been such as a settlement of the payment (settlement) date. I have be				2	21	,000.
S Amount you owe				-		
Under penalties of pointy. 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 frue, correct, and complete, it unther 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 my knowledge and belief, it is frue, correct, and complete, it unther 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 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, lauthorize 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 is 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 entil contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I entil contact the U.S. Treasury Financial Agent to the income tax return transmit and the personal identification number (Pill) 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**					4	,597.
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 my knowledge and belief, it is true, correct, and complete. I turber 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 (FEO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 delbid) entry to the financial institution account indication account indication account indication account indication account indication and the tax repearation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax repearation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in which the tax return to the substitution to debit the entry to this account. This authorizate is the intermediate that is a payment, it must contact the U.S. Treasury Financial Agent at 1-888-358-4597. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also activate the U.S. Treasury Financial Agent at 1-888-358-4597. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also activate the U.S. Treasury Financial Agent at 1-888-358-4597. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also that the processing of the decironic payment of the processing of the decironic payment of the transmission of the payme	5 Amount you owe			-	NIE KOTII	
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Taxpayer's PIN: check one box only	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or	reason for reject uthorize the U.S in account indica ancial institution int to terminate t incellation reque involved in the pay lated to the pay	tion of the tra . Treasury an ated in the ta to debit the the authoriza sts must be rocessing of yment. I furth	ansmiss and its de x prepa entry to tion. To receive the ele ner ack	sion, (b) the esignated aration soft of this according to the late of the coronic parameters of the late of the la	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN Lat 0 1 4 1 4 0 1 4 0 1 4 1 4 0 1 0 4 0 0 0 0 0 0 0 0						
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. Your signature ▶ □ Date ▶ Spouse's PIN: check one box only □ I authorize □ to enter or generate my PIN □ I authorize □ 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. □ 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. □ 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros Loertify 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 ▶ ERO Must Retain This Form — See Instructions	• •	or gonorato m	, DINI [1]	4 0	1 4	ac my
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the	nat I am submitt	ing this retu	rn in ac	ccordance	I am now with the
	ERO's signature ▶	Date ►				
			0-			

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	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		lifying su		ng
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter the		,	,	ualifying
Your first name	and mi	ddle initial	Last nar	me				Your so	cial secu	rity nı	umber
AISHWARY	ZΑ		котн	APALLY				486-	41-40	14	
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spouse'	s social s	ecurity	y number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Preside	ntial Elec	tion C	ampaign
31 RIVER	COT	JRT					1112	1	nere if yo		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code		if filing jo this fund		
JERSEY (CITY				NJ	Г	07310	box bel	ow will n	ot cha	0
Foreign country	/ name		F	Foreign province/state	e/count	ty	Foreign postal code	your tax	or refun	_	Spouse
		y time during 2022, did you: (a) rec	,				•	. ,			.
Assets		ange, gift, or otherwise dispose of a		<u>-</u>			asset)? (See instru	uctions.)	Yes	; <u>X</u>	No
Standard Deduction	_	eone can claim:		•		a dependent					
Age/Blindness	You:	Were born before January 2, 1	958 [Are blind S	pouse	: Was bor	n before January			blind	
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (se	e instr	ructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax o	redit	Credit for	other d	lependents
than four											
dependents, see instructions	s ——									ᆜ	
and check										ᆜ	
here											
Income	1a	Total amount from Form(s) W-2, b	,	•				. 1a		<u> 145,</u>	367.
Attack Farms(a)	b	Household employee wages not re	•	` ,				. 1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	`	,				. 1c			
attach Forms	d	Medicaid waiver payments not rep		` ,	instru	ictions)		. 1d			
W-2G and 1099-R if tax	e	Taxable dependent care benefits f		•				. 1e			
was withheld.	f	Employer-provided adoption bene	fits from		9 .			. 1f			
If you did not	9	Wages from Form 8919, line 6 .						. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>		4-		1 / E	267
AII	<u>z</u>	Add lines 1a through 1h	 oo		 L T			. 1z		143,	367 <u>.</u> 355.
Attach Sch. B if required.	2a	· –	2a 3a			axable interes ^a Ordinary divide		. 2b			0.
	3a 4a		4a			axable amoun		41			<u> </u>
Standard	-та 5а		5a			axable amoun		. 5b			
Deduction for—	6a	_	6a			axable amoun		. 6b			
Single or Married filing	С	If you elect to use the lump-sum e		method check her				. O			
separately,	7	Capital gain or (loss). Attach Sche		,	`	,	[7		-3.	.000
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8	<u> </u>		409.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9			313.
surviving spouse,	10	Adjustments to income from Sche		•				. 10		,	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		128.	313.
household, \$19,400	12	Standard deduction or itemized	,					. 12			,127.
If you checked	13	Qualified business income deduct		•	,			. 13			· · · · ·
any box under Standard	14	Add lines 12 and 13						. 14		15,	127.
Deduction, see instructions. 15 Subtract line 14 from line								. 15			186.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	21,000.
Credits	17	Amount from Schedule 2, lin	те 3					17	
	18	Add lines 16 and 17						18	21,000.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	s. If zero or less,	enter -0			[22	21,000.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	21,000.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 25	5,597.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	25,597.
	26	2022 estimated tax payment					- t	26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28	-		
	29	American opportunity credit				29	-		
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	•	-	-			33	25,597.
	34	If line 33 is more than line 24						34	4,597.
Refund	35a	Amount of line 34 you want	•				+	35a	4,597.
Direct deposit?	b	Routing number 0 2 1					Savings	SSa	1,357.
See instructions.		Account number 8 0 7			Crype.	Griecking	Savings		
	36	Amount of line 34 you want			nd tov	36			
Amazunt		•				30			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou owe	38		•	•		1 1		37	
TILL I D. I		Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another					omplete be	alow/	X No
Designee		signee's		Phone			onal identific		Z NO
	nai			no.			ber (PIN)		
Sign	Un	der penalties of perjury, I declare t	that I have examine	ed this return and	d accompanying scl	hedules and stateme	ents, and to t	he bes	t of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which p	orepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
							Protection (see in		N, enter it here
Joint return?						CONSULTANT	,		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.							(see in	. ,	I I I I I I I I I I I I I I I I I I I
	Ph	one no. (516)652-310	1	Email address	ESHIIKOTHAD	ALLY@GMAIL.CO	OM M		
		eparer's name	Preparer's signat		LOHORO THAT	Date	PTIN	\neg	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAN		P02082	703	Self-employed
Preparer		m's name GLOBAL TA	1	TUTU DUOUIL	COLITY TANDAM	. 03/03/2023	Phone		678)965-9522
Use Only			Y CT E BRU	NSWICK M	J 08816		Firm's		84-3171965
Co to warm to				-1,011 CIC IN			1111113	-11.4	
GO TO WWW.Irs.g	uv/r-orn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

AISHWARYA KOTHAPALLY

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.

Your social security number 486-41-4014

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	-14,409.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	T to both a first of A billion of A billion of A	8z		
9	Total other income. Add lines 8a through 8z		9	1 / / ^ -
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NK, line 8	10	-14,409.

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 governr			
	officials. Attach Form 2106	L	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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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	L	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)			
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	_		
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:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		2 0	

SCHEDULE A (Form 1040)

Itemized Deductions

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

Attachment

Your social security number

Department of the Treasury Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Internal Revenue Service

Sequence No. 07

OMB No. 1545-0074

Name(s) shown on Form 1040 or 1040-SR 486-41-4014 AISHWARYA KOTHAPALLY Caution: Do not include expenses reimbursed or paid by others. Medical and 1 Medical and dental expenses (see instructions) 1 **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | **Expenses 3** Multiply line 2 by 7.5% (0.075) 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 4 **Taxes You** 5 State and local taxes. **Paid** a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 5a 8,748. **b** State and local real estate taxes (see instructions) 5_b 2,569. **c** State and local personal property taxes 5c 5d 11,317. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 10,000. 6 Other taxes. List type and amount: 10,000. 8 Home mortgage interest and points. If you didn't use all of your home Interest You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your instructions and check this box mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited. See See instructions if limited 8a 5,067. instructions. b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., 8b c Points not reported to you on Form 1098. See instructions for special 8c 8d 8e 5,067. 9 Investment interest. Attach Form 4952 if required. See instructions . 9 60 5,127. Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You **must** attach Form 8283 if over \$500. . . . 12 got a benefit for it, see instructions. 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and 15 Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 16 Other—from list in instructions. List type and amount: Other Itemized **Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized 15,127. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 486-41-4014 AISHWARYA KOTHAPALLY

-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional	_	•			
Pa	rt I Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	10,609.	9,813.			796.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions				6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	mn (h). If you have	e any long-	7	796.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				(3)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	2,260.	6,846.			-4,586.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporat				11 12	
	Capital gain distributions. See the instructions			٠,	13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

-4,586.

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -3,790.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

486-41-4014

Department of the Treasury Internal Revenue Service Name(s) shown on return

AISHWARYA KOTHAPALLY

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form						
Part I Short-Term. Trans instructions). For lo Note: You may ago reported to the IRS Schedule D, line 1a	ng-term tra pregate all s and for wh	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or coo	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was y on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	page 1, for ea aplete as mar reported on reported on	ach applicabl ny forms with Form(s) 1099 Form(s) 1099	le box. If you ha the same box of 9-B showing bas 9-B showing bas	ve more short-te checked as you r sis was reported	rm transact need. to the IRS red to the IF	tions than will fit (see Note above RS	on this page
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/22	10,609.	9,813.			796.
2 Totals. Add the amounts in columns	s (d), (e), (a), and	d (h) (subtract					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

10,609.

796.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

9,813.

Form 8949 (2022) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AISHWARYA KOTHAPALLY

Social security number or taxpayer identification number 486-41-4014

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				9)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/21	12/31/22	2,260.	6,846.			-4,586.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc e is checked), lir	lude on your ne 9 (if Box E	2,260.	6,846.			-4,586.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

2022	
Attachment Sequence No. 13	

Your social security number

AISI	HWARYA KOTHAPALLY						486-43	1-4014		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use		e C. See	instruc	tions. If you ar	e an indiv	ridual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you		Form(s)	1099? S	ee inst	ructions			s 🛛 No	_
	If "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, Z									
A	SATHAYE COLLEGE VILEPARLE, MUMBAI MAH			4000	5.7					_
B	DATIMIE COLLEGE VILLEARLE, MONDAI MAII	IMICAD .	IIIA III	1000.	<i>,</i>					_
										_
1b	Type of Property (from list below) 2 For each rental real estate propabove, report the number of fair					r Rental Days	Person Da		QJV	
A	personal use days. Check the C	JV box	x only	Α		365		0		_
В	if you meet the requirements to			В						
С	qualified joint venture. See instr	uctions	s.	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ref Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descril				
						Propertie	s:			
Incor		_		Α		В			С	
3	Rents received	_		6	00.					
	Royalties received	4								
Expe		_								
5	Advertising									
6	Auto and travel (see instructions)			1 0	0.0					
7	Cleaning and maintenance			1,0	00.					
8 9	Commissions				-					_
10	Insurance									_
11	Management fees			0	00.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12		0	00.					_
13	Other interest									_
14	Repairs			3,5	00					_
15	Supplies			2,5						_
16	Taxes									_
17	Utilities	17		4,3	00.					_
18	Depreciation expense or depletion	18		2,9	_					_
19	Other (list)									_
20	Total expenses. Add lines 5 through 19	20		15,0	09.					
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	t		-14,4	09.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	,		14,40)	(
23a	Total of all amounts reported on line 3 for all rental prop	erties			23a		600.			
b	Total of all amounts reported on line 4 for all royalty prop	perties			23b					
С	Total of all amounts reported on line 12 for all properties	3			23c					
d	Total of all amounts reported on line 18 for all properties	3			23d	2,	909.			
е	Total of all amounts reported on line 20 for all properties	3			23e	15,	009.			
24	Income. Add positive amounts shown on line 21. Do no	ot inclu	ıde any lo	osses			24			
25	Losses. Add royalty losses from line 21 and rental real esta	ate loss	es from li	ne 22. E	nter to	tal losses here	25	(14,409.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also en	iter thi	s amount or			-14,409	





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
AISHWARYA KOTHAPALLY	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

ı	Dart	Λ	_	Tav	return	infor	mation
1	Γαιι	~	_	Iax	return	HILLOH	папоп

1	Federal adjusted gross income (from applicable line)	1.	128313.
2	Refund	2.	554.
3	Amount you owe	3.	
	Financial institution routing number	4.	021000021
	Financial institution account number	5.	807933366
_			

6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03032023



Nonresident and Part-Year Resident

IT-203

2022 Incor	THE LAX RET	New You		New York City er 31, 2022, or fis				22
	·				•	l ending		
For help completing your re						_		
Your first name and middle initial	Your last name (for a joint r	eturn, enter spouse's name	on line below)	Your date of birth (r	nmddyyyy)	Your Social	Security nur	nber
AISHWARYA	KOTHAPALLY			09041	987		864140	
Spouse's first name and middle initial	Spouse's last name			Spouse's date of bir	h (<i>mmddyyyy</i>)	Spouse's So	ocial Security	/ number
Mailing address (see instructions) (nu	mber and street or PO Box)			Apartment n	ımber	New York S	tate county o	of residence
31 RIVER COURT				1112		NR	,	
City, village, or post office	State	ZIP code	Country			School distr	ict name	
JERSEY CITY	NJ	07310	UNITED	STATES		NR		
Taxpayer's permanent home addres			Apartment no.		or post office	1		
. , .	, ,,	,	•	<i>,</i> , <i>,</i>	•	Scl	hool district de number	
State ZIP code Co	ountry				Taxpave	r's date of dea		L s date of deat
	,			Decedent information			7	
				Illioilliatioi				
A Filing ① X Single			D2	Yonkers part-ye	ar residen	ts only:		
· · · · · · · ·				(1) Did you rece				ТГ
status (mark an ② Married	filing joint return			credit? (see in	structions)		Yes L	⊥ No L
X in one	th spouses' Social Security i	numbers above)		(2) Enter the em	ount.			.0
box): A Married	filing separate return th spouses' Social Security n	umbers above)	_	(2) Enter the am New York City				
	Fhauachald (with accepted)	·		(1) Number of m	_		_	,
4) Head of	f household <i>(with qualifyi</i>	ng person)		(2) Number of m	onths your	spouse live	ed	
⑤ Qualifyi	ng surviving spouse		_	in NY City in				
B Did you itemize your deduct		yes X No	_	Enter your 2-chacode(s) if appli				
federal income tax return?		Yes No L	_ G	New York State	part-year	residents		
C Can you be claimed as a de taxpayer's federal return?		Yes No X	' I	Enter the date y or out of NYS (m				
Did you have a financial according foreign country?	ount located in a	Yes No X	<u>`</u>	On the last day	-			
				Lived outside NYS sources				Г
				Lived outside NYS sources				
			Н	Did you or your living quarters ir	spouse mai	intain	_	
				(if Yes, complete F	orm IT-203-E	3)		
Dependent information First name and middle initial	 Last name	Relatio	nehin	Social Se	curity num	her	Date of hirt	h (mmddyyyy)
That hame and middle midal	Last Hamo	relatio	лыпр	Oociai Oc	ounty num	DCI I	Date of birt	1 (mmaayyyy)
f more than 6 dependents, mark a	an X in the box.							



REV 01/27/23 PRO

486414014

Fe	deral income and adjustments		Federal amount Whole dollars only		New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	1	145367.00	1	145367.00
2	Taxable interest income	2	355.00	2	.0
3	Ordinary dividends	3	0.00	3	.0
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.0
5	Alimony received	5	.00	5	.0
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.0
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	-3000.00	7	.0
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.0
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.0
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.0
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-14409.00	11	.0
12	Rental real estate included in line 11 (federal amount) 1214409.00]			
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.0
	Unemployment compensation	14	.00	14	.0
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.0
	Other income Identify:	16	.00	16	.0
	Add lines 1 through 11 and 13 through 16	17	128313.00	17	145367.0
	Total federal adjustments to income				
	Identify:	18	.00	18	.0
19	Federal adjusted gross income (subtract line 18 from line 17)	19	128313.00	19	145367.0
	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	128313.00	19a	145367.0
	w York additions Interest income on state and local bonds and obligations				
	(but not those of New York State or its localities)		.00	20	.0
	Public employee 414(h) retirement contributions	21	.00	21	.0
22	Other (Form IT-225, line 9)	22	.00	22	.0
					1/15/67 0
	Add lines 19a through 22	23	128313.00	23	145367.0
23 Ne	w York subtractions	23	128313.00	23	145367.0
23 Ne	w York subtractions Taxable refunds, credits, or offsets of state and				
23 Ne ⁻ 24	w York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	23	
23 Ne ⁻ 24	w York subtractions Taxable refunds, credits, or offsets of state and	24		24	
23 Ne ² 24	w York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	0.
23 Ne 24 25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 25 26	.00	24 25 26	0. 0. 0.
23 Ne ² 24 25 26 27	w York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 25 26 27	.00 .00 .00	24 25 26 27	0. 0. 0.
23 Ne ^o 24 25 26 27 28	w York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 25 26 27 28	.00 .00 .00 .00	24 25 26 27 28	.0 .0 .0 .0
23 Ne ⁻ 24 25 26 27 28 29	w York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 25 26 27 28 29	.00 .00 .00	24 25 26 27 28 29	.0 .0 .0 .0
23 Ne ² 24 25 26 27 28 29 30	w York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 25 26 27 28	.00 .00 .00 .00	24 25 26 27 28	.0 .0 .0 .0 .0 .0 .0 .0





32 Enter the amount from line 31, *Federal amount* column

128313.00

486414014

Standard deduction or itemized deduction

33	Enter your standard deduction or your itemized deduction	on (fro	m Form IT-196).	_		
	Mark an X in the appropriate box:	⊠ Sta	ndard – or – 🔲 Itemize	d	33	00.000
34	Subtract line 33 from line 32 (if line 33 is more than line 32, le	eave bla	ank)	[34	120313.00
35	Dependent exemptions (enter the number of dependents liste	d in Ite	m I; see instructions)	[35	000.00
36	New York taxable income (subtract line 35 from line 34)			[36	120313.00
T	and the section and the section to t					
	computation, credits, and other taxes			_		
	New York taxable income (from line 36)				37	120313.00
	New York State tax on line 37 amount			- ⊢	38	7205.00
	New York State household credit				39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, lea				40	7205.00
41	New York State child and dependent care credit				41	.00
42	Subtract line 41 from line 40 <i>(if line 41 is more than line 40, lea</i>	ve blar	nk) <u></u>	<u></u> . [42	7205.00
43	New York State earned income credit			╛┖	43	.00
				_		
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	42, lea	ve blank)	[44	7205.00
	Income New York State amount from line 31	Fe	ederal amount from line 31	_		Round result to 4 decimal places
	percentage 145367.00 ÷		128313.00	= [45	1.1329
				_		
46	Allocated New York State tax (multiply line 44 by the decimal o	n line 4	15)	[46	8163.00
47	New York State nonrefundable credits (Form IT-203-ATT, line	8)		[47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, lea	ve blar	nk)	[48	8163.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)			[49	.00
50	Total New York State taxes (add lines 48 and 49)			[50	8163.00
Ne	w York City and Yonkers taxes, credits, and surcharges,	and N	MCTMT			
				_		
	Part-year New York City resident tax (Form IT-360.1)	51		00		See instructions to compute
52	Part-year resident nonrefundable New York City					New York City and Yonkers
	child and dependent care credit	52		00		taxes, credits, and surcharges, and MCTMT.
	Subtract line 52 from 51	52a		00		surcharges, and MCTMT.
52b	MCTMT net					
	earnings base 52b .00					
	MCTMT	52c		00		
53	Yonkers nonresident earnings tax (Form Y-203)	53		00		
54	Part-year Yonkers resident income tax surcharge					
	(Form IT-360.1)	54		00		
55	Total New York City and Yonkers taxes / surcharges and M	CTMT	(add lines 52a, and 52c through 5	4)	55	.00
				г		
56	Sales or use tax (Do not leave blank.)			[56	0.00
	Voluntary contributions (5 17007 5 10 11 11			Г		
57	Voluntary contributions (Form IT-227, Part 2, line 1)			[57	.00
58	Total New York State, New York City, Yonkers, and sale			Г	==	01.60
	and voluntary contributions (add lines 50, 55, 56, and 5	7)		[58	8163.00





59

59 Enter amount from line 58

8163.00	
able, complete) IT-2 and/or IT-1099-R mit them with your	Z
send federal	
<i>I</i> -2 with your return.	\geq
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8717.00	1
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554.00 554.00	\exists
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554.00	3
? Direct deposit is the fastest way to get your	R
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this box	Ž
Business savings	SIGI
6	
.00	TUR
15	m
Personal identification number (PIN)	0

Pa	yments and refundable credits							
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00			ole, complete
	NYC school tax credit (rate reduction amount)				.00			T-2 and/or IT-1099-R
61					.00	7	return.	it them with your
62	Total New York State tax withheld			871	7 .00)		end federal
	Total New York City tax withheld				.00	7		2 with your return.
	Total Yonkers tax withheld				.00	-	. 01111 11 2	. With your rotain.
65					.00)		
66	Total payments and refundable credits (add lines 60 thro		5)			66		8717.00
Yo	ur refund, amount you owe, and account information							
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 fi	rom line 66)			67		554.00
	Amount of line 67 available for refund (subtract line 69 from		,					554.00
	TIP: Use this amount to check your refund status online.		- /				l	
68a	Amount of line 68 that you want to deposit into a NYS 529 account	(Form	IT-195, line 4) (also submit Form I	T-195)	68a		.00
	Total refund after NYS 529 account deposit (subtract line 6	•	, ,		,	68b		554.00
70 71 72	Mark one refund choice: X savings account Amount of line 67 that you want applied to your 2023 estimated tax (see instructions) Amount you owe (if line 66 is less than line 59, subtract line 6 funds withdrawal, mark an X in the box and fill in or money order you must complete Form IT-201-V and Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67) Other penalties and interest Account information for direct deposit or electronic funds of the funds for your payment (or refund) would come from (69 66 from lines I mail 71 72 withd	n line 59). To 73 and 74. It it with your i	pay by electror f you pay by ch return	.00 nic neck .00	70	easiest, fa refund. See instru options. See instru proper as return.	Direct deposit is the estest way to get your uctions for payment .00 uctions for the sembly of your
		rsonal	savings - oı	r - Busine	ess c		ng - or -	Business savings
	73b Routing number 021000021 73 6	c Acc	count number			80	7933366	
74	Electronic funds withdrawal	Date		A	Amou	nt		.00
	Third-party Print designee's name		Desig	nee's phone num	ber			Personal identification number (PIN)
des	signee? (see instr.)		()				nambol (i liv)
Yes	s No X Email:							
		YTPRI xcl. cod		▼ T	ахра	ayer(s) must si	gn here ▼
Prep	parer's signature Preparer's printed name	CAC	VD CIID	Your signature				
	AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM 's name (or yours, if self-employed) Preparer's PT			Your occupation				
GL	OBAL TAXES LLC P02	082	703	MANAGING				
Add	Employer idea	ntificati	on number	Spouse's signatu	re and	1 occur	ation (if ioint	return)

See instructions for where to mail your return.

Email: ESHUKOTHAPALLY@GMAIL.COM

Daytime phone number (516)652 3101



E BRUNSWICK NJ 08816 Email: SYAM@GTAXFILE.COM

245 ROONEY CT



843171965

Date 03032023

Date



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		imployer's information										
W-2 Record 1	Employ	rer's name										
Box a Employee's Social Security number		GER LLC										
or this W-2 Record	Employer's address (number and street)											
486414014	1675	5 BROADWAY 15	5TH	FLOO	R.							
Box b Employer identification number (EIN)	City				State	ZIP code	9	Country				
463274303	NEW	YORK			NY	1	.0019					
Box 1 Wages, tips, other compensation	Box 12a A	mount		Code	Во	x 14a Am	ount		Description			
145367.00		4334.	.00	D				31.00	NY SDI			
Box 8 Allocated tips	Box 12b A	mount		Code	Во	x 14b Am	ount		Description			
.00		8260.	.00	DD				424.00	NY PFL			
Box 10 Dependent care benefits	Box 12c A	mount		Code	Во	x 14c Am	ount		Description			
.00			.00					.00				
Box 11 Nonqualified plans	Box 12d A	mount		Code	Bo	x 14d Am	ount	_	Description			
.00			.00					.00				
NV State information: Roy 15a		Third-party sick Box 16a NYS wages, ti		cc.	Box	17a NYS i	income tax wi	thheld	Corrected (W-2c)			
NY State	NIY	1	1453	367.00			8'	717.00				
Other state information: Box 15b		Box 16b Other state wa	ages,	tips, etc.	Box	17b Other	state income to	ax withheld				
other state	NJ	1	1457	705.00				. 00				
nformation (see instr.):	8 Local wa	iges, tips, etc.	Loca	Box ality a	x 19 Loca	al income t	tax withheld					
Locality b	D 5	.00	Loca	ality b			.0	O Locality b				
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Employ	.00] Employer's information rer's name rer's address (number and					.0	O Locality b				
Do not detach. W-2 Record 2 Box a Employee's Social Security number	Employ	imployer's information ver's name			State	ZIP code		O Locality b				
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Employ	imployer's information ver's name			State	ZIP code						
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN)	Employ City	imployer's information ver's name ver's address (number and		t)			9					
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation	Employ	imployer's information ver's name ver's address (number and mount	d street			ZIP code	9	Country	Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00	Employ City Box 12a A	imployer's information ver's name ver's address (number and mount		t) Code	Во	x 14a Am	e ount		Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips	Employ City	Employer's information rer's name rer's address (number and mount	d street	t)	Во		e ount	Country				
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00	Employ City Box 12a A	imployer's information rer's name rer's address (number and mount mount	d street	Code Code	Bo Bo	x 14a Amo x 14b Am	e ount ount	Country	Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits	Employ City Box 12a A	imployer's information rer's name rer's address (number and mount mount mount mount	.00	t) Code	Bo Bo	x 14a Am	e ount ount	.00	Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ City Box 12a A Box 12b A Box 12c A	imployer's information ver's name ver's address (number and mount mount mount	d street	Code Code Code	Bo Bo	x 14a Amo x 14b Amo x 14c Amo	ount ount	Country	Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans	Employ City Box 12a A	imployer's information ver's name ver's address (number and mount mount mount mount	.00	Code Code	Bo Bo	x 14a Amo x 14b Am	ount ount	.00 .00	Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ City Box 12a A Box 12b A Box 12c A	imployer's information ver's name ver's address (number and mount mount mount mount	.00	Code Code Code	Bo Bo	x 14a Amo x 14b Amo x 14c Amo	ount ount	.00	Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00	Employ City Box 12a A Box 12b A Box 12c A Box 12d A	mployer's information rer's name rer's address (number and mount mount mount Third-party sick	.00 .00 .00 pay	Code Code Code Code	Bo. Bo. Bo.	x 14a Ame x 14b Am x 14c Ame x 14d Am	ount ount ount	.00 .00	Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retirent NY State information: Box 15a	Employ City Box 12a A Box 12b A Box 12c A Box 12d A	imployer's information ver's name ver's address (number and mount mount mount mount mount	.00 .00 .00 pay	Code Code Code Code Code Code	Bo. Bo. Bo.	x 14a Ame x 14b Am x 14c Ame x 14d Am	ount ount	.00 .00 .00 thheld	Description Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retirential	Employ City Box 12a A Box 12b A Box 12c A Box 12d A Innent plan	mount mount Third-party sick Box 16a NYS wages, ti	.00 .00 .00 pay tips, et	Code Code Code Code Code Code Code	Bo Bo Bo Box	x 14a Ame x 14b Ame x 14c Ame x 14d Ame	ount ount ount income tax wi	.00 .00 .00 thheld	Description Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retirent	Employ City Box 12a A Box 12b A Box 12c A Box 12d A Innent plan	mployer's information rer's name rer's address (number and mount mount mount Third-party sick	.00 .00 .00 pay tips, et	Code Code Code Code Code Code Code	Bo Bo Bo Box	x 14a Ame x 14b Ame x 14c Ame x 14d Ame	ount ount ount	.00 .00 .00 thheld	Description Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retiren NY State information: Box 15a NY State Other state information: Box 15b other state	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A N Y	mount mount Third-party sick Box 16a NYS wages, ti	.00 .00 .00 pay tips, et	Code Code Code Code Code Code Code Code	Bo Bo Bo Bo Box	x 14a Ame x 14b Ame x 14c Ame x 14d Ame 17a NYS	ount ount ount income tax wi	.00 .00 .00 thheld .00 ax withheld	Description Description Description Description			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retiren NY State information: Box 15a NY State Other state information: Box 15b other state	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A N Y	mount Third-party sick Box 16b Other state wa	.00 .00 pay tips, et	Code Code Code Code Code Code Code Code	Bo Bo Bo Bo Box	x 14a Ame x 14b Ame x 14c Ame x 14d Ame 17a NYS	ount ount ount income tax wi	.00 .00 .00 thheld .00 ax withheld .00	Description Description Description Corrected (W-2c)			







2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 486414014} \end{array}$

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

KOTHAPALLY AISHWARYA

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

 $\begin{array}{lll} {\rm Home\ Address\ (Number\ and\ Street,\ including\ apartment\ number)} \\ {\rm 31\ RIVER\ COURT\ APT\ 1112} \end{array}$

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm 1212} \end{array}$

City, Town, Post Office State ZIP Code JERSEY CITY NJ 07310

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

K67640150059872

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

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

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		021000021
dd5.	Account number	dd5.		807933366



NJ-1040

Name(s) as shown on Form NJ-1040

KOTHAPALLY AISHWARYA

Your Social Security Number

486414014

1555

110-104	•
2022	
Page 2	

040MP02220

Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal year					
Fron	1:	To:					Enter mor	nth of you	r year end	2	023	
Filin Fill in	g Status only one	s :.										
1.	×	Single										
2.		Married/CU Couple, filing	joint retu	rn								
3.		Married/CU Partner, filing	separate	return								
4.		Head of Household					Enter spouse's/CU partne	er's SSN				
5.		Qualifying Widow(er)/Sur	viving CU	J Partner								
		Indicate the year of your sp	ouse's/C	U partner's death:	2020	2021						
	nptions	s that apply. You must enter a tot	tal in the bo	oxes to the right and co	mplete the calculation.							
6.	Regula	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000		
7.	Senior	65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =			
3.	Blind/	Disabled		Self	Spouse/CU Partner				x \$1,000 =			
9.	Vetera	ın		Self	Spouse/CU Partner				x \$6,000 =			
10.	Qualif	ied Dependent Children							x \$1,500 =			
11.	Other	Dependents							x \$1,500 =			
12.	Depen	dents Attending Colleges (Se	ee instruc	tions)					x \$1,000 =			
13.	Total l	Exemption Amount (Add total	als from t	he lines at 6 throug	h 12)				13.	1000	•	
14.	Depen	dent Information. Provide th	ne followi	ing information for	each dependent.							
	-	lame, First Name, Middle Ini			•		Social Security Number		Birth Year	N	o Health Insurance	
a.							•					
b.												
٥.												
d.												

J-1040

Name(s) as shown on Form NJ-1040 $\,$

KOTHAPALLY AISHWARYA

Your Social Security Number

486414014

1555

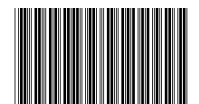
NJ-1040 2022 Page 3

040MP03220

			1 45705
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	145705 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	355 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	
25.	Alimony and separate maintenance payments received	25.	
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	146060 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	146060 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	
32.	Alimony and separate maintenance payments (See instructions)	32.	
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	
37b.	NJCLASS Deduction	37b.	
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	145060 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	2569 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	2307 .
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	145060 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	7114 .
	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	7080 .
44.	Enter Code	77.	32
15	Balance of Tax (Subtract line 44 from line 43)	45	34 .
45.		45.	34 .
46.	Sheltered Workshop Tax Credit	46.	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•
49.	Total Credits (Add lines 46 through 48)	49.	2.4
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	34 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		•
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .

NJ-1040 2022

Page 4



Name(s) as shown on Form NJ-1040

KOTHAPALLY AISHWARYA

Your Social Security Number

486414014

1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	34 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	
56.	Property Tax Credit (See instructions page 24)	56.	50 .	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.	
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)	65.		
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	50 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you ow	67.		
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and en	ter the overpayment	68.	16 .
69.	Amount from line 68 you want to credit to your 2023 tax		69.	
70.	Contribution to N.J. Endangered Wildlife Fund		70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	
73.	Contribution to N.J. Breast Cancer Research Fund		73.	
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.	
75.	Other Designated Contribution (See instructions)	Enter Code	75.	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	
77.	Other Designated Contribution (See instructions)	Enter Code	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	16 .

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

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

Division Use: 1______ 2_____ 3_____ 4_____ 5____ 6_____ 7_____

Name(s) as shown on Form NJ-1040	Social Security Number
KOTHAPALLY AISHWARYA	486-41-4014

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	the net gains or income, less net loo onal whether tangible or intangible				isposition of property in	icluding real or	
	(a)	(b)	(c)	(d)	(e)	(f)	
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
	Robinhood Securities LLC	01/01/2022	12/31/2022	10,609.	9,813.	796.	
	Robinhood Securities LLC	01/01/2021	12/31/2022	2,260.	6,846.	-4,586.	
2.	Capital Gains Distributions						
3.	Other Net Gains						
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)	0.					

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2022

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	er.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? Yes No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Name(s) as shown on Form NJ-1040	Social Security Number
KOTHAPALLY AISHWARYA	486-41-4014

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2022

P	Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.										
	Business Name	Social S	Securi edera		ber/	'			Profi	t or (Loss)	
1.											
2.											
3.						Ì					
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (En line 18, NJ-1040. If loss, make no entry on line		on		4	1.					
P	art II Distributive Share of Partne	rship Inco	ship Income List the distributive share from partnership(s). See i								
	Partnership Name	Federal	EIN		S		re of Pa come or			Share of Pass-Throu Business Alternativ Income Tax	
1.											
2.											
3.											
4.	Distributive Share of Partnership Income or (Lo (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)			4.							
5.	Total Share of Pass-Through Business Alternati (Add lines 1, 2, and 3.)(Enter here and include of).) 5.							
Р	art III Net Pro Rata Share of S Co	rporation	Inco	ome						of income (usable n(s). See instruction	S.
	S Corporation Name	Federal EIN Pro Rata Share of S Corp Income or (Usable Lo						of Pass-Through Busi Alternative Income Tax	ness		
1.											
2.											
3.											
4.	Net Pro Rata Share of S Corporation Income or (Usai (Add lines 1, 2, and 3.) (Enter here and on line 22, No. If loss, make no entry on line 22.)		4.								
5.	Total Share of Pass-Through Business Alternative Inco (Add lines 1, 2, and 3.)(Enter here and include on line		5.								
P	Net Gains or Income art IV From Rents, Royalties, Patents, and Copyrights	form of of Prop	rents erty:	, royalti	ies,	pate	ents, an	d copy	rights	derived from or in the See instructions. To	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Se Fed	ecurity deral		er/	ni	ype – Ei umber fi list abov	rom		Income or (Loss)	
1.	SATHAYE COLLEGE	4864140	014				1			-14,409.	
2.											
3.											
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 414,409.										

Name(s) as shown on Form NJ-1040	Social Security Number
KOTHAPALLY AISHWARYA	486-41-4014

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

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

		Column B								
Part I Income (Loss)			Reportable Regular Business Income	Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.				
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.				
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-14,409.				
5.	Loss Carryforward From Tax Year 2021				5b.	()			
6.	Totals	6a.	0.		6b.	-14,409.				
Part	II Adjustment Calculation					,				
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	(0.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part	III Loss Carryforward to Tax Year 2023				·					
12.	Loss Carryforward to Tax Year 2023				12.	(14,409.)			

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule **NJ-HCC**

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, (Form NJ-1040) do not complete this schedule.

Name as Shown on Return KOTHAPALLY AISHWARYA	Social Security No. 486-41-4014
Part I	
Did you and, if applicable, all members of your tax household, have min coverage for every month in 2022 (See instructions for line 53, NJ-1040 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	0.) Part-year residents
Part II	
Enter the name and Social Security number for each member of your to every month each person had minimum essential health coverage or q (part-year residents include only months as a New Jersey resident). If a exemption, enter the exemption number. (See instructions for line 53, 1 more than one exemption number, check the box. If you need more sp any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ualified for an exemption an individual qualified for an NJ-1040.) If an individual has ace, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	i	. —	Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
	<u> </u>			Ш									
Exemption Code		_	Check								on nun	nber .	
Í			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code	l	ļ L	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						i i							
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
	. <u> </u>			Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion code	-	_	Check							•	on nun	ibei .	
						Viadai i				اأ			
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	•	. —	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
													\parallel
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	his indi	vidual i	s unde	r 18 .					