Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpaye	er's name	Social secur	ity numb	ber
AJA	Y KUMAR PEDIREDLA	133-55	-950	9
Spouse	's name	Spouse's so	cial secu	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	' year you a	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	88,783.
2	Total tax		2	12,299.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,798.
4	Amount you want refunded to you		4	2,499.
5	Amount you owe		5	
			-	

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

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	l authorize	GLOBAL TAXES LLC	to enter or generate my P
	rautionze		

5	9	5	0	9	
Ent don	as my				

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

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

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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 >	Date ►	
Practitioner PIN Method Return	is Only—continue below	
Part III Certification and Authentication – Practitioner P	N Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros	

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

ERO's signature ► Date ►									
	RO Must Retain This Form — See mit This Form to the IRS Unless								
For Denominarily Deduction Act Nation and	un tex seture instructions		Earm 8879 (Bay, 01 2021)						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

<b>1040</b>		Internal Revenue Servi <b>5. Individual Income Ta</b>		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	) not wr	ite or staple in this space.	
Filing Status Check only	<b>5</b> X S	Single  Married filing jointly	] Married fi	ling separately (N	1FS)	Head of	house	hold (HOH)			ifying surviving se (QSS)	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the cl	nild's	name if the qualifying	
Your first name	and mi	ddle initial	Last name						Yo	ur soc	cial security number	
AJAY KUN	ÍAR		PEDIRE	DLA					13	<u>33-5</u>	5-9509	
If joint return, spouse's first name and middle initial			Last name						Sp	ouse's	s social security number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	vpt. no.	Pre	Presidential Election Campaign		
130 NUTM	IEG I	LANE		228						Check here if you, or your spouse if filing jointly, want \$3		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete space	es below.	Sta	te	ZIP c	ode			this fund. Checking a	
EAST HAF	RTFOR	RD			СЛ	• •	061	18		0	w will not change	
Foreign country	name		Forei	gn province/state/c	count	у	Foreig	n postal cod	le yo	ur tax	or refund.	
											You Spouse	
Digital		y time during 2022, did you: (a) rec										
Assets		ange, gift, or otherwise dispose of a	-			_	asset)	? (See ins	tructic	ns.)	Yes X No	
Standard	_	eone can claim: 🗌 You as a de	•	Vour spouse		•						
Deduction		Spouse itemizes on a separate retur	n or you we	re a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	re blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip <b>(</b> 4	) Check the	box if	qualifi	ies for (see instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax	credit	. (	Credit for other dependents	
than four									]			
dependents, see instructions	s ——								]			
and check									]			
here										$- \bot$	<u> </u>	
Income	1a	Total amount from Form(s) W-2, b		,	•		• •		•	1a	98,783.	
Attach Form(s)	b	Household employee wages not re	•	( )					•	1b		
W-2 here. Also	C	Tip income not reported on line 1a						·	1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep			istru	ictions)	• •		·	1d		
1099-R if tax	e	Taxable dependent care benefits f Employer-provided adoption bene			•		• •		·	1e 1f		
was withheld.	f	Wages from Form 8919, line 6.			•		• •		·			
lf you did not get a Form	g h	Other earned income (see instruct			•		• •		·	1g 1h	0.	
W-2, see	;	Nontaxable combat pay election (s	,	 ons)	•	· · · · ·	· ·		•		0.	
instructions.	z	Add lines 1a through 1h		0113)	•					1z	98,783.	
Attach Sch. B		S I	2a		Ь Т	axable interest	· ·			2b		
if required.	3a	· ·	3a			rdinary divider				3b		
	4a		4a			axable amoun				4b		
Standard	5a		5a			axable amoun				5b		
Deduction for –	6a		6a			axable amoun				6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection meth									
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if req	uired. If not requ	ired,	, check here				7		
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10.							8	-10,000.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This	s is your <b>total inc</b>	ome	ə				9	88,783.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 2	26						10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>adjus</b>	ted gross incon	ne					11	88,783.	
household, \$19,400	12	Standard deduction or itemized								12	12,950.	
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from For	m 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, er	nter -0 This is ye	our <b>i</b>	axable incom	ie .			15	75,833.	

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 16	12,299.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	12,299.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				. 22	12,299.
	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 <b>total tax</b>					. 24	12,299.
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a	14,7	98.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. <b>25</b> d	14,798.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable cred	lits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	14,798.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overp</b>	aid.	. 34	2,499.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here .		<b>35a</b>	2,499.
Direct deposit?	b	Routing number 2 1 1	1 7 6 8	9 1	c Type: 🛛 🗙	Checking	🗌 Savi	ngs	
See instructions.	d	Account number 8 0 2	6 6 6 6						
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				
Designee	ins	tructions				🗌 Ye	s. Comp	lete below.	X No
	De nai	signee's		Phone no.			Personal number (F	identificatior	
0:000		der penalties of perjury, I declare	that I have examine			odulos and sta		,	st of my knowledge and
Sign		ief, they are true, correct, and corr			1 2 0		,		, 0
Here	Yo	ur signature		Date	Your occupation			If the IRS s	ent you an Identity
		·							PIN, enter it here
Joint return?					SOFTWARE I			(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion			ent your spouse an tection PIN, enter it here
your records.								(see inst.)	
	Ph	one no. (959)282-774	6	Email address	ajaypedire	dla@gmail	. COM		
		eparer's name	Preparer's signat			Date	PT	IN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/26/20	23 PO	2082703	Self-employed
Preparer		m's name GLOBAL TA							(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.im.a	ov/Eorn	a 1040 for instructions and the late			DAA				Earm 1040 (2022)

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

**BAA** REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Form 10	040, 1040-SR, or 1040-NR	Your soci	ial security number
AJAY KUMAR PEDIREI	DLA	133-55	-9509

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. Att		5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-10,000.
D	and a second			

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

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	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				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 <sup>±</sup>	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

(Form	orm 1040) (From rental real estate, royalties, partnersh						corporati	ons, es	tates,	trusts, REMI	Cs, etc.)	ゆに		2
	ent of the Treasury				Attach to Form 1040,							Attachm	ent	
Internal	Revenue Service			Go to www	v.irs.gov/ScheduleE fo	r instru	uctions an	d the la	itest in	nformation.		Sequence	ce No.	
Name(s)	shown on return											al security r	umbe	)r
	KUMAR PED										133-5	5-9509		
Part					ntal Real Estate an			•						
	rental inco	ou are ome o	e in the or loss	e business of from <b>Form 4</b>	renting personal proper <b>835</b> on page 2, line 40.	rty, use	Schedule	C. See	Instru	ctions. If you a	are an Indiv	viduai, repo	on far	m
A					hat would require you	to file	Form(s) 1	099? 5	See in:	structions .		. 🗌 Ye	s X	No
	-		-											No
1a	Physical add	ress	of ea	ch propertv	(street, city, state, ZI									
Α	NIZAMPET			IYDERABAI			,							
B	NIZAMEDI .	ROA				<u>1 500</u>	0000							
 1b	Type of Prope	rtv	2	For each re	ental real estate prope	ortv list	ed		Fa	air Rental	Person	al Use		
1.0	(from list below				ort the number of fair					Days	Da		Q	λJV
Α	3	-			e days. Check the Q			Α		365		0		
В					the requirements to f			В					[	
С				quaimed joi	int venture. See instru	ICTIONS	».	С					[	
Туре	of Property:													
	Single Family R			3 Vaca	ation/Short-Term Ren	ital	5 Land			Self-Rental				
2	Multi-Family Re	eside	ence	4 Corr	nmercial		6 Roya	lties	8	Other (desc	ribe)			
										Propert	ies:			
Incom	ne:							Α		B			С	
3	Rents received	d.				3		б	00.					
4	Royalties rece	ived				4								
Expen														
5						5								
6	Auto and trave	el (se	e inst	tructions)		6								
7	-					7		1,2	00.					
8						8								
9						9								
10						10								
11						11		1,0	00.					
12			-		c. (see instructions)	12								
13 14						13 14		2,7	0.0					
14						14		2,2						
16						16		2,2	00.					
17						17		3,5	00.					
18						18		- , -						
19	Other (list)	•				19								
20	· · ·				n 19	20		10,6	00.					
21	Subtract line 2	20 fro	om lin	e 3 (rents) a	and/or 4 (royalties). If									
	result is a (los	s), se	ee ins	tructions to	find out if you must									
						21	-	-10,0	00.					
22					fter limitation, if any,									
				-		22		10,00	1	(	)	(		)
23a					e 3 for all rental prope				23a		600.			
b					e 4 for all royalty prop				23b					
C d					e 12 for all properties				23c					
d					e 18 for all properties				23d	1 /	),600.			
е 24			-		e 20 for all properties own on line 21. <b>Do no</b>		 Ide anv lo		23e		. 24			
<b>6T</b>	Aud	PUS	und g				ide any 10	0000	· ·		. 24			

**Supplemental Income and Loss** 

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

SCHEDULE E

(Form 1040)

25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
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 .

10,000.)

-10,000.

25 (

26

OMB No. 1545-0074

For Paperwork Reduction Act Notice, see the separate instructions.

# Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### **Required to be Automatically-Populated Fields**

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

#### Do not send this sheet with your return.

### Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send all four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

# Do not send this sheet with your return.

	10401222V01155			Form CT-1 Connecticut Res		-	ıx Re	turn		
Page 1	of 4			(Rev. 12/22)						
Othe	r tax year, beginning:		and end	ling:						
Y S	N FJ	N	MFS		Ν	нон N	Q	SS		
133 -	- 55 - 9509	-	-							
AJAY	KUMAR	PEDIR	EDLA					N	0	Dec.
								Ν	۵	)ec.
130 ľ	JUTMEG LN				Ν	CT-8379	Ν	CT-2210	Ν	CT-19IT
APT 2	228			USA	Ν	CT-1040 CR	сN	Federal Form 1310	Ν	Schedule CT-Dependent
EAST	HARTFORD	СТ	06118	; -	•					·

1.	Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	88783
2.	Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3.	Add Line 1 and Line 2	3.	88783
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5.	Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	88783
6.	Income tax	6.	4573
7.	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8.	Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	4573
9.	Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10	Add Line 8 and Line 9.	10.	4573
11.	Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68	) 11.	0
12	Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	4573
13	. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14	Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	4573
15	. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16	. Total tax: Add Line 14 and Line 15.	16.	4573



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17. Amount from Line 16	84		17.	457	2
			17.	407	5
Forms W-2, W-2G, and 1099 InformationCol. A - Employer or Payer's Fed. ID #Col.	B - CT Wages, T	īps, etc.	Col. C - C	CT Income Tax W	ïthheld
18a. 33 - 0867496 •	30	713		214	7
18b. 37 - 1533773 •	68	070		433	7
18c. –		0			0
18d. – •		0			0
18e		0			0
18f. Additional Connecticut withholding (from Suppleme	ntal Schedule CT	-1040WH, Line 3	) 18f.		0
18. Total Connecticut income tax withheld: Amounts	in Column C.			18.	6484
19. All 2022 estimated tax payments and any overpaym	ents applied from	n a prior year		19.	0
20. Payments made with Form CT-1040 EXT				20.	0
20a. Earned income tax credit (from Schedule CT-EITC,	, Line 16).			20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line	e 6).			20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-F			ached.	20c.	0
21. Total payments and refundable credits: Add Lines				21.	6484
22. Overpayment: If Line 21 is more than Line 17, Line 7	17 subtracted fro	m Line 21.		22.	1911
23. Amount of Line 22 you want applied to your 2023 e	estimated tax			23.	0
24. Amount of Line 22 you want applied as a CHET con		chedule CT-CHE	Г, Line 4)	24.	0
24a. Total contributions of refund to designated charities	(from Schedule	5, Line 70)		24a.	0
25. <b>Refund:</b> Lines 23, 24, and 24a subtracted from Line <b>If you have not elected to direct deposit, a refund ch</b>		ed and process	ing may be	25. delayed.	1911
25a. Acct. type Y Ck. N Sv. 25b. Rout. #	2111768	91 25c. Acc	ct. # 80	26666	
25d. Refund going to a bank account outside the U.S. 25c	I. N				
26. Tax due: If Line 17 is more than Line 21, Line 21 su	ubtracted from Li	ne 17.		26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.	10).			27.	0
28. If late: Interest entered.					
Line 26 multiplied by number of months or fraction of a		by 1% (.01).		28.	0
29. Interest on underpayment of estimated tax (from For	rm CT-2210)			29.	0
30. Total amount due: Add Lines 26 through 29.				30. 	0.00
Declaration: I declare under penalty of law that I have including reporting and payment of any use tax due correct. I understand the penalty for willfully deliverin imprisonment for not more than five years, or both. T information of which the preparer has any knowledge Your signature	e, and, to the be ng a false return The declaration o	st of my knowle or document to of a paid prepare	dge and be DRS is a fin	elief, it is true, c be of not more th	complete, and nan \$5,000, or s based on all
		•			
Spouse's signature (if joint return)		• Date		Daytime telephone n	umber
Paid preparer's signature	Date	Telephone number		Paid Preparer's PTIN	1
	•022623	• 6789659	9522	P02082	703
Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA	A TALL			FEIN 843171	965
Firm's name, address and ZIP code GLOBAL TAXES	LLC			Self-employed	
• 245 ROONEY CT E BR	RUNSWI NJ	08816 -		N	
Third Party Designee - Complete the following to authoriz Designee's name	ze DRS to contact a			tion number (PIN)	
•	•	•			
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Schedule 1 - Modifications to Federal Adjusted Gross Income			
31. Interest on state and local government obligations other than Connect		31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or i			-
obligations		32.	0
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in fe	deral adjusted	
gross income		33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if greater t	han zero. 34.	0
35. Loss on sale of Connecticut state and local government bonds	-	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed in s	service during this year. 36.	0
36a. 80% of Section 179 federal deduction.		36a.	0
37. Other - specify ●		37.	0
38. Total additions: Add Lines 31 through 37.		38.	0
39. Interest on U.S. government obligations		39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U	.S. govern	ment obligations 40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjust	tment Wor	ksheet) 41.	0
42. Refunds of state and local income taxes		42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	es	43.	0
44. Military retirement pay		44.	0
45. 50% of income received from Connecticut Teachers' Retirement Syste	em	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if less than	1 zero. 46.	0
47. Gain on sale of Connecticut state and local government bonds		47.	0
48. CHET contributions made in 2022 or			
an excess carried forward from a prior year Acct. #:		48.	0
			0
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in prec	• •	0
48b. 100% of pension or annuity income.		48b.	0
49. Other - specify ●		49.	0
50. Total subtractions: Add Lines 39 through 49.		50.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions 51. Modified Connecticut adjusted gross income	5	51.	0
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 52.			
53. Non-Connecticut income included on Line 51 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
	54	0 0000	0 0000
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
		-	-
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.		59.	0
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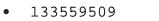
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Schedule 3 - Property Tax Credit

<i>Qualifying Property</i> Name of Connecticut Tax Town or District Description of Property Date(s) Paid	Primary Residence	Auto 1	• •		Auto 2
Amount Paid 6	• • • • • • • • • • • • • • • • • • •	• 1. 0	• 62.		0
63. Total property tax paid: Add Lines 60, 6	31, and 62.		63.		0
64. Maximum property tax credit allowed			64.	•	300
65. Lesser of Line 63 or Line 64.			65.	•	0
66. Property tax credit limitation decimal amo	ount: If zero, the amount from Line 6	65 is entered on Line 68.	66.	•	0.00
67. Line 65 multiplied by Line 66.			67.	•	0
68. Line 67 subtracted from Line 65.			68.		0
Schedule 4 - Individual Use Tax 69a. Use tax at 1% (from Connecticut Indiv	idual Use Tax Worksheet, Section	A, Column 7)	69a.		0
69b. Use tax at 6.35% (from Connecticut Ir	ndividual Use Tax Worksheet, Sect	ion B, Column 7)	69b.		0
69c. Use tax at 7.75% (from Connecticut Ir	ion C, Column 7)	69c.		0	
69d. Use tax at 2.99% (from Connecticut Ir	ndividual Use Tax Worksheet, Sect	ion D, Column 7)	69d.		0
69. Individual use tax: Add Lines 69a, 69l Schedule 5 - Contributions to Designate 70a. AR			69. ● 70a.		0 0
70b. OT			70b.		0
70c. ES/W			70c.		0
70d. BCR			70d.		0
70e. SNS			70e.		0
70f. MR			70f.		0
70g. CBS			70g.		0
70h. MHCIA			70h.		0
70. <b>Total Contributions:</b> Add Lines 70a t Taxpayer email	hrough 70h.		70.		0

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