Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxnaver's name

Taxpayer's name		Social security nur	nber
SIVA KUMAR CHINTHAKULA		163-59-52	97
Spouse's name		Spouse's social se	curity number
KRISHNA VENI PALIKA		APPLIED F	OR
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are a	uthorizing.)
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	79,689.
2 Total tax		2	6,042.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,023.
4 Amount you want refunded to you		4	4,981.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure			your return)

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

Taxpayer's PIN: check one box only

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

	9	5	2	9	7			
Enter five digits, but don't enter all zeros								

Enter five digits, but don't enter all zeros

my

as mv

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

X

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨
	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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

ERO's signature >	Date 🕨	
	D Must Retain This Form — See Instructions it This Form to the IRS Unless Requested To Do So	
		E 0070 (D of 0001)

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

Date

E1040		Internal Revenue Serventies Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or staple	in this space.
Check only		Single X Married filing jointly	_	0	eparately (N	,			· ·	, .	spou	use (QSS)	0
one box.	,	u checked the MFS box, enter the n on is a child but not your dependen	,	our spou	use. If you cl	neck	ed the HOH or	QSS	box, ent	er the	e child's	name if th	e qualifying
Your first name	and mi	ddle initial	Last nan	ne							Your social security number		
SIVA KUM	AR		CHINT	THAKU	LA						163-	59-529'	7
lf joint return, sp	ouse's	first name and middle initial	Last nan	ne							Spouse'	s social sec	curity number
KRISHNA	VEN	[PALI	KA							APPL	IED FO	ર
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.				A	vpt. no.				on Campaign
		TRAIL										nere if you, if filing ioin	or your tly, want \$3
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete sp	aces bel	ow.	Sta	te	ZIP co					Checking a
ALPHARET						GA		300	-			ow will not	0
Foreign country	name		F	oreign pr	ovince/state/o	count	У	Foreig	n postal c	ode	your tax	or refund.	_
												You	Spouse
Digital		y time during 2022, did you: (a) rec											
Assets		ange, gift, or otherwise dispose of a	-					asset)	? (See Ir	nstruc	ctions.)	Yes	X No
Standard		eone can claim: 🗌 You as a de	•		-		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a o	dual-status a	allen							
Age/Blindness	You:	Were born before January 2, 1	958] Are bli	ind Spo	use	: 🗌 Was bor	n befo	ore Janu	ary 2	1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) S	ocial security		(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name			number		to you		Child	tax cre	edit	Credit for oth	ner dependents
than four												[
dependents, see instructions												[
and check												[
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions)	•					1a		79,689.
	b	Household employee wages not re	•		. ,						1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a									1c		
attach Forms	d	Medicaid waiver payments not rep				nstru	ictions)				1d	_	
W-2G and 1099-R if tax	е	Taxable dependent care benefits		-							1e		
was withheld.	f	Employer-provided adoption bene			-						1f	_	
If you did not	g	Wages from Form 8919, line 6 .						• •	• •	• •	1g		
get a Form W-2, see	h	Other earned income (see instruct	,					· ·	· ·	• •	1h	-	0.
instructions.	i	Nontaxable combat pay election (see instru	lctions)		•	<u>1</u> i						
	<u>z</u>			• •					• •	• •	1z		79,689.
Attach Sch. B if required.	2a 2a	' –	2a				axable interes		• •	• •	2b		
	<u>3a</u>		3a 4a				rdinary divide axable amoun			• •	3b 4b		
Standard	4a 5a		4a 5a				axable amoun		• •	• •	40 5b		
Deduction for –	5a 6a		6a				axable amoun		• •	• •	6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		ethod							1		
separately,	7	Capital gain or (loss). Attach Sche						• •			7		
\$12,950Married filing	8	Other income from Schedule 1, lin		•							8	-	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9	-	79,689.
surviving spouse,	10	Adjustments to income from Sche									10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is									11	-	79,689.
household, \$19,400	12	Standard deduction or itemized	•		-						12		25,900.
If you checked	13	Qualified business income deduct					5-A				13		
any box under Standard	14	Add lines 12 and 13									14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer	ro or less	, enter -	0 This is y	our t	axable incom	ne.			15		53,789.
see instructions.					,								

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	6,042.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	6,042.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,042.
	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	6,042.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 11	,023.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions	s)			25c]	
	d	Add lines 25a through 25c						25d	11,023.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			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	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				Indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · · ·			33	11,023.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,981.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, cheo	ck here	. 🗆	35a	4,981.
Direct deposit?	b	Routing number 0 6 1					Savings		
See instructions.	d	Account number 8 6 2	2 1 9 1	3 3			-		
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. 🗌 Yes. C	omplete b	elow.	× No
		signee's		Phone no.			onal identif oer (PIN)	ication	
	na						. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,		, 0
Here		ur signature		Date	Your occupation		1	· ·	nt you an Identity
				Dato	rour occupation				IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.					HOME MAKEF	0	(see		ection PIN, enter it he
	Ph	one no. (614)622-228	0	Email address	1				
		one no. (614)622-228 eparer's name	8 Preparer's signat		CUSUTAKOWAR		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			(110 ሞለ ከለተገለጠ		P02082	202	Self-employed
Preparer		m's name GLOBAL TAX		TAUAG INA	GUEIA IAUUAM	05/05/2025			678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			s EIN	
		m s address 245 ROONE		TIDWICK IN	D 00010		l Firm.	5 EIIN	84-3171965

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

Form **8889**

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2022	
Attachment Sequence No. 52	2
her of HSA beneficia	rv

Name(s				of HSA beneficiary. As, see instructions.
SIVA	A KUMAR CHINTHAKULA	163-59	9-529	97
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, i	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du	uring 2022.		
	See instructions			lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those m unextended due date of your tax return that were for 2022. Do not include employer concontributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 family coverage). All others , see the instructions for the amount to enter	(\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	Form 8853, 2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to er	had family	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had famil under an HDHP at any time during 2022, enter your additional contribution amount. See ins	y coverage	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022	500.		.,
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6,800.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	a separate Part II for each spouse.		arate I	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a			
	contributions (and the earnings on those excess contributions) included on line 14a			
	withdrawn by the due date of your return. See instructions		14b	
C	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here	🗆		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I are subject to the additional 20% tax. Also, include this amount in the total on Schedu	ile 2 (Form		
	1040), Part II, line 17c		17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18			18	
19	Qualified HSA funding distribution		19	
20	Total income Add lines 19 and 10, Include this amount on Schedule 1 (Form 1040), Bart L		20	

For Department Peduction Act Notice, and your tax return instructions						
	1040), Part II, line 17d	21				
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form					
20	Total income. Add lines to and 19. include this amount on Schedule 1 (Form 1040), Part I, line of .	20				

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

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			e not U.S. citi parate instrue		inent resid	ents.			
An IRS individua	I taxpayer identification nur	nber (ITIN) is fo	or U.S. feder	al tax purpo	ses only.		type (check one box):		
Before you begin			o	., ,			r for a new ITIN w an existing ITIN		
	nis form if you have, or are elig	-					-		
must file a U.S. f	ubmitting Form W-7. Read th ederal tax return with Form V	W-7 unless yo	u meet one				b, c, d, e, f, or g, you		
	t alien required to get an ITIN to cl		enefit						
_	t alien filing a U.S. federal tax retu		teel filmere II		- 4				
	nt alien (based on days present in of U.S. citizen/resident alien		, ,			structions) ►			
e 🛛 Spouse of U		f d or e, enter nar SIVA KUMAR				t alien (see instru	lctions) ► 163-59-5297		
f 🗌 Nonresiden	t alien student, professor, or resea	archer filing a U.S	S. federal tax re						
g 🗌 Dependent/	spouse of a nonresident alien hold	ding a U.S. visa							
h 🗌 Other (see i	,								
	on for a and f : Enter treaty country		iddle name	and treaty	/ article nui				
Name	1a First name KRISHNA VENI					t name ALIKA			
(see instructions) Name at birth if	1b First name	Mi	iddle name			t name			
different ►	• Otward adduces an extension of				0 have as				
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 19217 DEER TRAIL								
Address	City or town, state or province, and country. Include ZIP code or postal code where app ALPHARETTA GA USA						30004		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth	4 Date of birth (month / day / year) Country of birt	h	City and state	e or provinc	ce (optional) 5	Male		
Information	05/26/1990	INDIA					X Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	I.D. number (i	f any) 6c T	ype of U.S.	visa (if any), numl	per, and expiration date		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.								
	USCIS documentation								
	the United States								
	Issued by: INDIA No.: W0573251 Exp. date: 04/26/2032 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								
	No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).								
	6f Enter ITIN and/or IRSN ►				IRSN		and		
	name under which it was iss				mon		und		
			irst name	Mido	lle name		Last name		
	6g Name of college/university or company (see instructions) ►								
	City and state ►			Lengt	h of stay 🕨				
Sign Here	Under penalties of perjury, I (appl documentation and statements, an information with my acceptance age	d to the best of r	ny knowledge a	and belief, it is t	rue, correct	, and complete. I	authorize the IRS to share		
Keep a copy for	Signature of applicant (if de	elegate, see instru	uctions)	Date (month /	day / year)	Phone number	ŕ		
your records.	Name of delegate, if applica	able (type or prin	t)	Delegate's relate	ationship	Parent D	Court-appointed guardian		
Accontence	Signature			Date (month /	day / year)	Phone	- ,		
Acceptance Agent's						Fax			
Use ONLY	Name and title (type or prin	t)	Name of c	ompany	EIN		PTIN		

REV 02/24/23 PRO

Office code





Georgia Form 500 (Rev. 06/22/22) Individual Income Tax Return

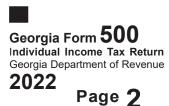
Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA ISSUED							
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		0	71098750				
YOUR FIRST NAME 1. SIVA KUMAR		МІ	YOUR SOCIAL S	Security NUMBER				
LAST NAME (For Name Change See IT-5 CHINTHAKULA	11 Tax Booklet)		S	UFFIX				
spouse's first name KRISHNA VENI		МІ	spouse's soc 999–99–	CIAL SECURITY NUMBER	2	DEPARTMENT USE ONLY		
last name PALIKA								
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 19217 DEER TRAIL								
CITY (Please insert a space if the city has mul 3. ALPHARETTA	tiple names)		state GA	ZIP CODE 30004				
(COUNTRY IF FOREIGN)								
4. Enter your Residency Status with the ap	opropriate number	·				sidency Status 4. 3		
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		тс)		3. NONRESIDENT		
Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	le 3 if y	you are a pai	rt-year or nonresi		Filing Status		
5. Enter Filing Status with appropriate le	etter (See IT-511	Tax Boo	klet)			-		
A. Single B. Married filing joint C. Married filing s	separate (Spouse's soci	al security	number must be e	ntered above) D. Head of I	Household or Qua	ifying Surviving Spouse		
6. Number of exemptions (Check appro	opriate box(es) and	l enter t	otal in 6c.) 6	6a. Yourself × 6	b. Spouse 🗙	6c. 2		
7a. Number of Dependents (Enter details o	7a.							

This Page (1) is required for processing





YOUR SOCIAL SECURITY NUMBER 163-59-5297

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name
 - Social Security Number Relationship to You

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Relationship to You

Last Name

Last Name

Relationship to You

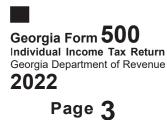
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8.	Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 o W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Scho	r more, or your gross income is less than your
9.	Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.
10.	Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.
11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.
	b. Self: 65 or over? Blind? Total x 1,300=	11b.
	Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	. 11c.
12.	Total Itemized Deductions used in computing Federal Taxable Income. If you use ite	mized deductions, you must include Federal Schedule A
	a. Federal Itemized Deductions (Schedule A- Form 1040)	12a.
	b. Less adjustments: (See IT-511 Tax Booklet)	12b.
	c. Georgia Total Itemized Deductions	12c.
13.	Subtract either Line 11c or Line 12c from Line 10: enter balance	. 13.

This Page (2) is required for processing





YOUR SOCIAL SECURITY NUMBER 163-59-5297

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	D 14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a. 28707	1
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	ı)15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	. 15c. 28707	1
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	. 16. 1416	>
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	led _{20.}	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21. 0)
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22. 1416	>

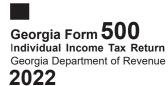
INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	1. 2.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	391833695 EMPLOYER/PAYER STATE WITHHOLDING ID 1944440BW	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 35093	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 1864	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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Page 4



2300411544

YOUR SOCIAL SECURITY NUMBER 163-59-5297

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.		YPE: G2-A G2-FL ER FEDERAL	G2-LP G2-RP	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERA ID NUMBER (FEIN) SS			
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID	3.	EMPLOYER/PAYER STATE	WITHHOLDING ID		
4.	GA WAGES / INCOME	4.	GA WAGES / INC	OME		4.	GA WAGES / INCOME			
5.	GA TAX WITHHELD	5.	GA TAX WITHHE	LD		5.	GA TAX WITHHELD			
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s				23.			1864		
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	32-R	 P)		24.					
25.	Estimated Tax paid for 2022 and Form I		,		25.					
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni				. 26.					
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.			1864		
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.					
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment				. 29.			448		
30.	Amount to be credited to 2023 ESTIMA	TEC) TAX		30.			0		
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1.0	00)	31.					
32.	Georgia Fund for Children and Elderly (No g	ift of less than \$	51.00)	32.					
33.	Georgia Cancer Research Fund (No gift	ofle	ess than \$1.00) .		33.					
34.	Georgia Land Conservation Program (No	o gift	of less than \$1.	.00)	34.					
35.	Georgia National Guard Foundation (No	gift (of less than \$1.0	00)	35.					
36.	Dog & Cat Sterilization Fund (No gift of I	ess	than \$1.00)		36.					
37.	Saving the Cure Fund (No gift of less th	an \$	1.00)		37.					
38.	Realizing Educational Achievement Can Hap	pen	(REACH) Program	n	38.					
	(No gift of less than \$1.00) This Page (4) is required for processing									

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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022	2300411554	YOUR SOCIAL SECURIT 163-59-5297	TYNUMBER
Page 5			
39. Public Safety Memorial Grant (No gift of less that	n \$1.00) 39.		
40. Form 500 UET (Estimated tax penalty) 500 U	ET exception attached 40.		
41. Penalty: Late Payment and/or Late Filing	41.		
42. Interest			
43. (If you owe) Add Lines 28, 31 thru 42 MAKE CHECK PAYABLE TO GEORGIA DEPARTI Mail To: GEORGIA DEPARTMENT OF REVENUE PO BOX 740399 ATLANTA, GA 30374-0399	MENT OF REVENUE,		
44. (If you are due a refund) Subtract the sum of Lines THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPARTMENT OF PO BOX 740380 ATLANTA, GA 30374-0380 If you do not enter Direct Deposit information			448
44a. Direct Deposit (U.S. Accounts Only) Type: Checking X	Savings	you will be issued a paper check.	
Routing Number 061092387	Account Number 8б	2219133	
Mail pages 1-5 and any applicable I/We declare under the penalties of perjury that I/we have examined and belief, it is true, correct, and complete. If prepared by a person Taxpayer's Signature (Check box if deceased	I this return (including accompanying so other than the taxpayer(s), this declara	chedules and statements) and to the best of my/o tion is based on all information of which the prepa	
Taxpayer's Date of Death	Spouse's Date of	of Death	
	yer's Phone Number -622-2288	Spouse's Signature Date	
By providing my e-mail address I am authorizing the Georgia D my account(s). Taxpayer's E-mail Address	epartment of Revenue to electronically	notify me at the below e-mail address regarding	any updates to
		I authorize DOR to o with the named prep	
<u>SYAM PRIYA RAM SAGAR GUPTA TALLAN</u> Signature of Preparer Name of Preparer Other Than Taxpayer SYAM PRIYA RAM SAGAR GUPT	1	Preparer's Phone Number 678–965–9522 Preparer's FEIN 84–3171965	
Preparer's Firm Name GLOBAL TAXES LLC		Preparer's SSN/PTIN/SIDN P02082703	

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Georgia Form 500 (Rev. 06/22/22) Schedule 3 Part-Year Nonresident



Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 163-59-5297

2022 (Approved software version)

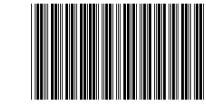
DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Income earned in another state as a Georgia resi FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	dent is taxable but other state(s) tax credit may a INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEOR	oklet. GIA INCOME DLUMN C)
1. WAGES, SALARIES, TIPS, etc 79689	1. WAGES, SALARIES, TIPS, etc 44596	1. WAGES, SALARI	ES, TIPS, etc 35093
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND	DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCO	IE OR (LOSS)
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME	DR (LOSS) O
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 79689	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 44596	5. TOTAL INCOME	TOTAL LINES 1 THRU 4 35093
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040 O	6. TOTAL ADJUSTN	IENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTN SCHEDULE 1	ENTS FROM FORM 500,
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GRO LINE 5 PLUS OR	SS INCOME: MINUS LINES 6 AND 7
79689	44596		35093
9. RATIO: Divide Line 8, Column C by Line check the box for Time Ratio. Enter	8, Column A enter percentage or percentage	9. 44.0	% Not to exceed 100%
10a. Itemized or Standard Deduction $ imes$ o	or Georgia Itemized (See IT-511 Tax Booklet)	10a.	7100
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or	or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Fo	rm 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for fil		11a.	7400
11b. Enter the number on Line 7a from Form 500	or Form 500X multiply by \$3,000	11b.	
12. Total Deductions and Exemptions: Add L	ines 10a, 10b, 11a, and 11b	12.	14500
13. *Multiply Line 12 by Ratio on Line 9 and er		13.	6386
14. Income before GA NOL: Subtract Line 13 Enter here and on Line 15a, Page 3 of Fo		14.	28707

*If Georgia Itemized deductions are claimed, multiply Line 11 by Ratio on line 9 and add Line 10a. Enter result on Line 13.



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

163595297

040MP01220

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.) CHINTHAKULA SIVA KUMAR & PALIKA KRISHNA VENI

Spouse's/CU Partner's SSN (if filing jointly) $\label{eq:spouse} \begin{array}{l} \texttt{APPLIED} \quad \texttt{F} \end{array}$

Your Social Security Number (required)

Home Address (Number and Street, including apartment number) 19217 DEER TRAIL

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

City, Town, Post Office State ZIP Cod

ALPHARETTA	
------------	--

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

State	ZIP Code
GA	30004

Driver's License Number (Voluntary) (See instructions) 071098750

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

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.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			061092387
dd5. Account number		dd5.			862219133



NJ-1 2022 Page		4P02			Name(s) as shown on F CHINTHAKUI Your Social Security N 163595297	LA SIVA	KUMAR	&	PALIKA	KRISHNA 1555
Part-	year residents, provide months/days y			rsey reside	ent during 2022:		Fiscal year fi	ilers of	ıly:	
From	: То:						Enter month	of you	ir year end	2023
	g Status only one.									
	Single Married/CU Couple, filing j Married/CU Partner, filing s Head of Household Qualifying Widow(er)/Survi Indicate the year of your spo ptions the ovals that apply. You must enter a tota	eparate 1 wing CU puse's/Cl	return J Partner J partner'		2020 202		's/CU partner's	SSN		
6.	Regular	X	Self	×	Spouse/CU Partner	Domestic I	Partner	2	x \$1,000 =	2000
7.	Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner	Domestic	artifor	2		
8.	Blind/Disabled		Self		Spouse/CU Partner				x \$1,000 =	
9.	Veteran		Self		Spouse/CU Partner				x \$6,000 =	
10.	Qualified Dependent Children								x \$1,500 =	
11.	Other Dependents								x \$1,500 =	
12.	Dependents Attending Colleges (See	e instruct	tions)						x \$1,000 =	
13.	Total Exemption Amount (Add total	s from tl	ne lines at	t 6 through	12)				13.	2000 .
14.	Dependent Information. Provide the Last Name, First Name, Middle Initi		ng inform	nation for e	ach dependent.	Social Security	y Number		Birth Year	No Health Insurance
a.										
b.										
c.										
d.										



NJ-1040 2022

Page 3

Name(s) as shown on Form NJ-1040 CHINTHAKULA SIVA KUMAR & PALIKA KRISHNA V

Your Social Security Number 163595297

1555

			70000	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	79689	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
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.	79689	•
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.	79689	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000	•
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.	2000	•
39.	Taxable Income (Subtract line 38 from line 29)	39.	77689	•
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.		•
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	77689	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1564	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	689	
	Enter Code		10	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	875	
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.		
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	875	
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 X	53.	0	

NJ- 202 Pag		Name(s) as shown on Form NJ-1040 CHINTHAKULA SIVA K Your Social Security Number 163595297	CUMAR &	PALIKA	KRISHNA	V 1555	7
54.	Total Tax Due (Add lines 50 through 53)				54.	875	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (P	art year, see instructions)			55.	1322	•
56.	Property Tax Credit (See instructions page 24)				56.		•
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 cre	dit					
	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-245	0) (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 Fo	rm NJ-2450) (See instructions)			61.		•
62.	Wounded Warrior Caregivers Credit (See instructions)				62.		•
63.	Pass-Through Business Alternative Income Tax Credit (See instru	ctions)			63.		•
64.	Child and Dependent Care Credit (See instructions)				64.		•
	Fill in if you are a CU couple claiming the Child and Dependent C	are Credit					
65.	New Jersey Child Tax Credit (See instructions)				65.		•
	Number of dependents under age 6 on 12/31/2022					1	
66.	Total Withholdings, Credits, and Payments (Add lines 55 through				66.	1322	•
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 fr			67.		•	
	If you owe tax, you can still make a donation on lines 70 through						
68.	If the total on line 66 is more than line 54, you have an overpayme	nt. Subtract line 54 from line 66 and enter the c	overpayment		68.	447	•
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	2			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	Frateric Carda		74.		•	
75. 76	Other Designated Contribution (See instructions)		Enter Code Enter Code		75. 76.		•
76. 77.	Other Designated Contribution (See instructions)		Enter Code		76. 77.		•
	Other Designated Contribution (See instructions)		Enter Code				•
78. 79.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 Balance due (If line 67 is more than zero, add line 67 and line 78)	, unougn //)			78. 79.		•
79. 80.	Refund amount (If line 68 is more than zero, subtract line 78 from	line 68)			79. 80.	447	•
00.	returne amount (11 mile 00 is more than zero, subtract line 78 nom	line ooj			ov.	11/	•

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

_____4 ____

____5 ____

____6 ___

_ 7 _

Division Use:

1 _____

_ 2 _

____3 ____

Schedule	
NJ-HCC	
(Form NJ-1040)	

2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
CHINTHAKULA SIVA KUMAR & PALIKA KRISHNA VENI	163-59-5297

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code	·	-		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		-		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

njia1602.SCR 01/16/20