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

Social excutry number 266-77-82.54 Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Submission Identification Number (SID)		
Spouse's social security number Total Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	Taxpayer's name	Social securit	y number
Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole Collars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	NAVEEN KUMAR REDDY BEECHU	340-06-	-3717
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	Spouse's name	Spouse's soci	al security number
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total lax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 506. 4 Amount you want refunded to you 4 7, 113. 5 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) am now authorizing and the best of the window of the complete. I further declare that I have a manuface in Part I above are the authorized from the complete. I further declare that I have a manuface in Part I above are the authorizing of the best of the sense of the part I income tax return (original or amended) am now authorizing. Consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to eache from the IRS (a) an activate declare that I have an activate originate originate originate originate originate and belief, its intrus correct, and originate originate originate and the last originate originate originate originate originate originate originate originate and the last originate originate originate originate originate and income tax return (original or amended) am now authorizing. Consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to eacher form the IRS (a) an activate declare that I above are the authorization is to remain in full force and effect until I rotify the U.S. Trassury Financial Agent to Hae-83-83-4537. Payment cancellation requests must be presented to software for authorization is to remain in full force and effect until I rotify the U.S. Trassury Financial Institutions involved in the processing of the electronic payment or the authorization or payment, I must contact the U.S. Trassury Financial Agent to Hae-83-83-4537. Payment cancellation request the unsured		2 (Enter year you a	re authorizing.)
Adjusted gross income Adjusted gross income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you Amount to the fundament in the text preparation software for you fundament for you refund it was to receive form the fundament for you f			
2	•		
3 1,5,50c. 4 Amount you want refunded to you 5 Amount you want refunded to you 4 7,113. 5 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Date penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended in a more authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or any refund in splicable, I authorize the U.S. Treasury and its designated Financial Or any delay in processing the return or refund, and (c) the date of any refund, it applicable, I authorize the U.S. Treasury and its designated Financial Agent to repair the financial Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revelve (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization in terminate the authorization in terminate the authorization in terminate the authorization in terminate the authorization 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 on the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Financial Agent to the payment of the electronic payment of th			
Amount you want refunded to you 5 Amount you owe 7 Amount you owe 7 Amount you owe 8 Amount you owe 8 Amount you owe 7 Amount you owe 8 Amount you owe 8 Amount you owe 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 11 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 bellef, it is true, correct, and complete. I further declare that the amounts in Fart I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of the series of the control to the submission of the series 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 intensition account indication account indicated account indication account indication account indication. To revoke (cancel) apparent. I must contact the understance and indication account indication account indicated account indicated account indicated account indicated account indicat			
S Amount you owe 5 Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and 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, 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 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 or 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 authorization is to remain in full force and effect until I notify 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. □ 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 PIN: check one box only □ I will enter my PIN as my signature on the income tax return (original or amended) I am n			13/300.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is frue, 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, both to allow my intermediate expressions provider, transmitter, or cite transmitt			7/113.
Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or why knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about some who 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 retire of the transmission, (b) the record for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until 1 notify the U.S. Treasury. Financial Institution account induction is compared to the 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 unthorization is to remain in full force and effect until 1 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 presonal identification number (PNI) below in my signature for the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my signature for 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.	5 Amount you owe		
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 or amended in processing the 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 debti) entry to the financial institution account indicated in the tax preparation software for payment of the initiate and the processing of the tender of the payment of the tax preparation 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 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 cut 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 cut authorize to the initial control of the payment of the termination and the processing of the electronic payment of the payment of the termination and the payment of the payment of the termination and the payment of the electronic payment of the payment of the payment of the payment of the electronic payment of the payment of the electronic payment of the payment of the electronic payment of the electronic payment of the payment of the payment of the electronic payment of the payment of the			· · · · · · · · · · · · · · · · · · ·
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 reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell business days prior to the payment (settlement) date. I also authorize the financial institutions involvataxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or and	on for rejection of the training the U.S. Treasury are count indicated in the tall institution to debit the terminate the authorization requests must be red in the processing of to the payment. I furt	ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This tition. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the
I authorize GLOBAL TAXES LLC 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 GLOBAL TAXES LLC to enter or generate my PIN To enter of generate my PIN To enter of generate my PIN To enter or generate my PIN To en			
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 ▶ Spouse's PIN: check one box only □ I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 8 2 5 4 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 ▶ 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. □ Date ▶ 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.		operate my DINI	
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 GLOBAL TAXES LLC to enter or generate my PIN 7 8 2 5 4 as my	ERO firm name	Ent	er five digits, but
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 ▶	, ,		
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC To enter or generate my PIN To 8 2 5 4 as my Enter five digits, but don't enter all zeros	if you are entering your own PIN and your return is filed using the Practitioner F		
I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 8 2 5 4 as my	Your signature ►	Date ►	
I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 8 2 5 4 as my	Spause's DIN; check one hav only		
Spouse's signature ► 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. 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 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 ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ► Date ►	· <u> </u>	ionorato my DIN 7	8 2 5 1 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. 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 ▶			
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. 5 1 8 9 5 2 3 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 ▶			
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. S 1 8 9 5 2 3 1 9 8 9	I will enter my PIN as my signature on the income tax return (original or amender if you are entering your own PIN and your return is filed using the Practitioner F		
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. S 1 8 9 5 2 3 1 9 8 9 Don't enter all zeros 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 ▶	-1		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1 8 9 5 2 3 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		e below	
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	Part III Certification and Authentication — Practitioner PIN Method Only		
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		
	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I	am submitting this retu	rn in accordance with the
	FRO's signature	Date >	

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

|--|

OMB No. 1545-0074

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

Filing Status Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HO	H) [fying surv se (QSS)	iving
one box.	-	u checked the MFS box, enter the	-	our spouse. If you	check	ed the HOH or	QSS box, ent	er the o	child's	name if th	e qualifying
		on is a child but not your depender									
Your first name			Last na							ial securit	-
NAVEEN F			BEEC							6-3717	
-	pouse's	first name and middle initial	Last na								urity number
KEERTHI	/ 1		GEET							7-8254	
	•	r and street). If you have a P.O. box, se	e instructio	ons.			Apt. no.			tial Electic ere if you,	on Campaign
192 EVER					04-	4-	16A				tly, want \$3
	OST OTH	ce. If you have a foreign address, also c	ompiete s	paces below.	Sta		ZIP code	to	go to	this fund. (Checking a
EDISON			1.	- avaigna muovimaa (atad	N.		08837			w will not or refund.	change
Foreign country	/ name			Foreign province/stat	te/coun	ty	Foreign postal c	ode y	our tax	You	Spouse
Digital	At ar	y time during 2022, did you: (a) re	ceive (as	a reward, award, o	or payr	ment for prope	rty or services); or (b) sell,		
Assets		ange, gift, or otherwise dispose of					-			☐ Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a d	ependent	Your spor	use as	a dependent					
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-statu	ıs alier	1					
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind S	pouse	: Was bor	n before Janua	ary 2, ⁻	1958	☐ Is bli	nd
Dependents	s (see	nstructions):		(2) Social secur	rity	(3) Relationsh	ip (4) Check t	he box	if qualifi	es for (see	instructions):
If more		rst name Last name		number		to you	Child t	ax cred	it (Credit for oth	ner dependents
than four	ANV	IKA REDDY BEECHU		962-92-35	33	Daughter				2	X
dependents, see instruction	VARI	NIKA REDDY BEECHU		659-67-48	91	Daughter		×			<u> </u>
and check											<u> </u>
here											
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .					1a	11	7,873.
	b	Household employee wages not	•						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						1c			
attach Forms	d	Medicaid waiver payments not re	dicaid waiver payments not reported on Form(s) W-2 (see instructions)					1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		*					1e		
was withheld.	f	Employer-provided adoption ben							1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h			ons)					1h	-	0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>li</u>					
		Add lines 1a through 1h							1z	11	.7 , 873.
Attach Sch. B	2a	Tax-exempt interest	2a	4.0		axable interest			2b		
if required.	3a	Qualified dividends	3a	49.		ordinary divide			3b		52.
	4a	IRA distributions	4a			axable amoun			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b		
Single or	6a	Social security benefits	6a			axable amoun	τ		6b		
Married filing separately,	c	If you elect to use the lump-sum		•	`	,		. 📙	7	1	0 (22
\$12,950	7	Capital gain or (loss). Attach School Capital gain or (loss). Attach School Capital gain or (loss).		•				. ⊔	7	_	-2 , 633.
Married filing jointly or	8	Other income from Schedule 1, li		This is very tetal i					8	11	F 202
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,							9	11	5,292.
\$25,900	10	Adjustments to income from Sch							10	11	E 202
Head of household,	11	Subtract line 10 from line 9. This	•	-					11		5,292.
\$19,400 If you checked	12 13	Standard deduction or itemized Qualified business income deduction							13		25,900.
any box under	14	Add lines 12 and 13							14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If ze							15		39,3900. 39,392.
see instructions.		2423400 1 110111 11.11 20	01 1000	0, 511101 0 1 11110 10	, your				.5	1	5,332.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Forn	n(s): 1 881	4 2 4972	3 🗌		16	10,893.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	10,893.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	2,500.
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	2 , 500.
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	8,393.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	8,393.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25 a 1	5,506.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	15,506.
If you have a	26	2022 estimated tax payments and amount a	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other p	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	15,506.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	. This is the amour	nt you overpaid		34	7,113.
	35a	Amount of line 34 you want refunded to yo		3 is attached, chec	k here	\square	35a	7,113.
Direct deposit?	b	Routing number 0 2 1 2 0 0 3			Checking [Savings		
See instructions.	d	Account number 3 8 1 0 4 6 6	0 2 7	3 8				
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to dis				Complete	below.	⋈ No
		signee's	Phone			sonal ident	ification	
		me	no.			mber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration		1 , 0		,		, ,
пеге	Yo	ur signature	Date	Your occupation				nt you an Identity
				COEMMADE	NCTNEED		ection P	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Date	SOFTWARE E				nt your spouse an
Keep a copy for your records.	Sμ	ouse's signature. If a joint return, both must sign.	Date	HOME MAKER		Ider		ection PIN, enter it here
		one no. (917) 770-6743	Email address	BEECHU N@Y		1,		
		eparer's name Preparer's signa		DEFICITO NGT	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		СПРТА ТАТ.Т.АМ	03/26/2023		2703	Self-employed
Preparer		m's name GLOBAL TAXES LLC	MADAG PRES	COLIM TABLIAM	05/20/2025			678) 965-9522
Use Only		m's address 245 ROONEY CT E BRU	INSWICK N	T 08816			n's EIN	84-3171965
		TO COUNTY OF EDITION	JIIOWICI IN	00010		1 1 1111	. J LIIN	4040

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.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

NAVEEN KUMAR REDDY BEECHU & KEERTHI GEETLA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number
340-06-3717

	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pa	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	71.	116.			-45.
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	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y		_	6	(
7	Net short-term capital gain or (loss). Combine lines 1a					
	term capital gains or losses, go to Part II below. Otherwis				7	-45.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Year	(see	instructions)
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	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.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1,495.	4,170.		87.	-2,588.
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					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				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	a through 14 in co	olumn (h). Then, go	to Part III		

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -2,633. • 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 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 2,633.) • (\$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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

8949

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

OMB No. 1545-0074

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

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

NAVEEN KUMAR REDDY BEECHU & KEERTHI GEETLA 340-06-3717 Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment with column (a). instructions. instructions FIDELITY BROKERAGE SERVICES LLC 01/01/22 12/31/22 0. 0. 0. 71. -45. ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 116. 2 Totals. Add the amounts in columns (d), (e), (g), and (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.

71.

-45.

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) .

116.

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NAVEEN KUMAR REDDY BEECHU & KEERTHI GEETLA

Social security number or taxpayer identification number 340-06-3717

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)		
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(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).		
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	0.	0.			0.		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,495.	4,170.	W	87.	-2,588.		
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above).	al here and inc	lude on your							

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.

above is checked), or line 10 (if Box F above is checked) .

1,495.

4,170.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number NAVEEN KUMAR REDDY BEECHU & KEERTHI GEETLA 340-06-3717 Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 115,292 Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 2c Add lines 2a through 2c 2d3 3 115,292. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. 6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 500. 8 Add lines 5 and 7 8 2,500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 2,500. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 10,893. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . . 2,500. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit	, ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

	EN KUMAR REDDY BEECHU & KEERTHI GEETLA	340-06-371	7		
repare	's name	Preparer tax identifica	ition numb	oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \mathbf{x} CTC/AC		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided ${\bf I}$		Yes	No	N/A
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf				
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	ment, you must f, a copy of any o prepare Form provided by the tus or to figure			
	the amount(s) of the credit(s)		X		
	List those documents provided by the taxpayer, if any, that you relied on:				
•	Did you call the tay and the tay and the tay and the second secon	11 a. 11 a. 11 a			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-			_
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a	a complete and			
	correct Schedule C (Form 1040)?				

orm 8	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)			
L	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
b	has supported the child the entire year?			
C	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			
Part		x x	Part \	<u> </u>
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part			Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
D 1	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	<u> </u>			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:			
	 A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); 	nses on s) and/c	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No
	complete?		X	

2022 Ohio IT 1040

Individual Income Tax Return



Sequence No. 1

03 26 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Primary taxpayer's SSN (required) 340 06 3717

✓ If deceased

Spouse's SSN (if filing jointly) 706 77 8254

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 9999

First name

NAVEEN KUMAR RE

Spouse's first name (if filing jointly)

KEERTHI

M.I. Last name BEECHU

M.I. Last name

GEETLA

Address line 1 (number and street) or P.O. Box

192 EVERGREEN ROAD

Address line 2 (apartment number, suite number, etc.)

APT 16A

City

paper clip

ō

not staple

8

EDISON

Foreign country (if the mailing address is outside the U.S.)

Ohio county (first four letters) State ZIP code

NJ 08837 FRAN

Residency Stat	tus – Check only	one fo	or primary
Resident	Part-vear	Y	Nonresident

Part-vear

resident

Check only one for spouse (if filing jointly)

Resident

resident

Indicate state

Indicate state

NJ

Nonresident **>** NJ **Filing Status** – Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

Married filing jointly

Foreign postal code

Spouse's SSN

115292

115292

107692

Code

7600

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Federal extension filers - check here.

REV 02/14/23 PRO

If someone can claim you (or your spouse if filing jointly) as dependent, check here.

1. Federal adjusted gross income	(federal 1040	or 1040-SR,	line 11).	Place a "-	" in the box
if negative					

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ...

4. Exemption amount (include Schedule of Dependents if applicable).......4. Number of exemptions including you and your spouse/dependents, if applicable:

107692



MM-DD-YY

2022 Ohio IT 1040



SSN	340	06	3717	marviat	dai ilicollie Tax Retuili	■ ■ ■ 220002	
7a.Am	ount fron	n line 7	on page 1			7a.	107692
8a.Non	busines	s incon	me tax liability	y on line 7a (see instructions for	tax tables)	8a.	2973
8b.Bus	iness inc	come ta	ax liability – 0	Ohio Schedule IT BUS, line 14 (i	nclude schedule)	8b.	
8c. Inco	ome tax	iability	before credi	ts (line 8a plus line 8b)		8c.	2973
9. Ohi	o nonref	undabl	e credits – O	hio Schedule of Credits, line 35	(include schedule)	9.	2909
10.Tax	liability a	after no	onrefundable	credits (line 8c minus line 9; if n	egative, enter zero)	10.	64
11. Inte	rest pen	alty on	underpayme	ent of estimated tax (include Oh	io IT/SD 2210)	11.	
12.Unp	aid use	tax (se	e instructions	s)		12.	
13. Tot a	al Ohio 1	ax liab	oility before v	withholding or estimated paymer	nts (add lines 10, 11 and 12)	13.	64
inco	ome sta	tement	ts)		A, line 1 (include schedule and	14.	86
				ents (from Ohio IT 1040ES and I	T 40P), and credit carryforward	15.	
16.Ref	undable	credits	- Ohio Sche	edule of Credits, line 41 (include	e schedule)	16.	
17. <u>Am</u>	ended r	eturn o	only – amour	nt previously paid with original a	nd/or amended return	17.	
18. Tot a	al Ohio 1	ax pay	yments (add	lines 14, 15, 16 and 17)		18.	86
19. Am	ended r	eturn o	only – overpa	ayment previously requested on	original and/or amended return	19.	
2 <u>0. Line</u>				-		20.	86
				AN line 13, skip to line 24. OTHE		<u> </u>	
21.Tax	due (line	e 13 mi	inus line 20).	If line 20 is negative, ignore the	"-" and add line 20 to line 13	21.	
22.Inte	rest due	on late	e payment of	tax (see instructions)		22.	
23. TO	TAL AM	OUNT	DUE (line 2	1 plus line 22). Include Ohio I			
24. Ove	erpaymei	nt (line	20 minus line	e 13)		24.	22
26. Orio		urn on	<u>nly</u> – portion o	of line 24 carried forward to next of line 24 you wish to donate: b. Military Injury Relief	year's tax liability	25.	
d. Natı	ure Pres	erves/S	Scenic Rivers	e. Breast/Cervical Cancer	f. Wishes for Sick Children	Total26g.	
27. RE I	FUND (li	ne 24 ı	minus lines 2	25 and 26g)	YOUR I	REFUND ▶ 27.	22
Sign F and belie	lere (re	quire urn and	d): I have read all enclosures	d this return. Under penalties of perju are true, correct and complete.	ry, I declare that, to the best of my knowle	edge If your refund is \$1.00 or less If you owe \$1.00 or less, r	

Primary signature Phone number (917) 770-6743

Spouse's signature_ Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name ______SYAM PRIYA RAM SAGAR GUP Phone number ______ (678) 965-9522

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Preparer's TIN (PTIN) P 02082703

REV 02/14/23 PRO



2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $340\ 06\ 3717$



03 26 23

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2973
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	C
9.	Income-based exemption credit	9.	C
10.	Total (add lines 2 through 9)	.10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	2973
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	.12.	C
13.	Earned income credit	.13.	
14.	Home school expenses credit (include copies of all required documentation)	.14.	
15.	Scholarship donation credit (include copies of all required documentation)	.15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	.16.	
17.	Vocational job credit (include a copy of the credit certificate)	.17.	
18.	Ohio adoption credit	.18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	.19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	.20.	
21.	Grape production credit	21.	
22.	InvestOhio credit (include a copy of the credit certificate)	.22.	
23.	Lead abatement credit (include a copy of the credit certificate)	.23.	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	.24.	



2022 Ohio Schedule of Credits

Primary taxpayer's SSN 340 06 3717



Sequence No. 8

25. Technology investment credit carr	ryforward (include a copy of the o	credit certificate)25.						
26. Enterprise zone day care & training	26. Enterprise zone day care & training credits (include a copy of the credit certificate)							
27. Research & development credit (i	27. Research & development credit (include a copy of the credit certificate)27.							
28. Nonrefundable Ohio historic prese	ervation credit (include a copy of	the credit certificate)28.						
29. Total (add lines 12 through 28)		29.	0					
30. Tax less additional credits (line 11	minus line 29; if negative, enter z	zero)30.	2973					
Nonresident Credit								
Dates of Ohio residency	to	Other state of residency						
31. Nonresident Portion of Ohio adju Ohio IT NRC Section I, line 18 (ir		112822						
32. Ohio adjusted gross income (Ohio	o IT 1040, line 3) 32.	115292						
33a. Divide line 31 by line 32 (four decin if greater than 1, enter 1.0000)	nals; do not round;	33a. 0.9785						
33. Nonresident credit (line 30 times	line 33a)	33.	2909					
Resident Credit								
34. Resident credit – Ohio IT RC, line	7 (include a copy)	34.						
35. Total nonrefundable credits (ad	d lines 10, 29, 33 and 34; enter he	ere and on Ohio IT 1040, line 9)35.	2909					
Refundable Credits								
36. Refundable Ohio historic preserva	ation credit (include a copy of the	e credit certificate)36.						
37. Refundable job creation credit & jo	ob retention credit (include a copy c	of the credit certificate)37.						
38. Pass-through entity credit (includ	le a copy of the Ohio IT K-1s)	38.						
39. Motion picture & Broadway theatr	ical production credit (include a c	copy of the credit certificate)39.						
40. Venture capital credit (include a	copy of the credit certificate)	40.						
41. Total refundable credits (add lin	es 36 through 40; enter here and	on Ohio IT 1040, line 16)41.						



2022 Ohio Schedule of Dependents



Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

03 26 23 340 06 3717

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN 962 92 3533	Dependent's date of birth (MM-DD-YYYY) 01 01 2011	Dependent's relationship to you DAUGHTER
Dependent's first name ANVIKA REDDY	M.I. Dependent's last name BEECHU	
2. Dependent's SSN 659 67 4891	Dependent's date of birth (MM-DD-YYYY) 03 31 2019	Dependent's relationship to you DAUGHTER
Dependent's first name VARNIKA REDDY	M.I. Dependent's last name BEECHU	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





2022 Schedule of Ohio Withholding

Box 2 - Federal income tax withheld

Use only black ink/UPPERCASE letters. Use whole dollars only.

22350198

Sequence No. 11

Primary taxpayer's SSN

340 06 3717

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Box 1 - Wages, tips, other compensation

Part A - Total Withholding

Pa	art B	- W-2s	
1.	P/S	Box	b - EIN

Р	261151708	2470	543
	Box 15 - Employer's Ohio ID number 52774248	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2022 Schedule of Ohio Withholding Primary taxpayer's SSN

340 06 3717



D4-0	4000 D-	340 06 3717		Sequence No. 12
	1099-Rs Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Davt D	W 2Gs			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

New Jersey Resident Income Tax Return For Privacy Act Notification, See Instructions

2022 NJ-1040

1555

NJ-1040 2022 Page 1

Your Social Security Number (required) 340063717

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.) BEECHU NAVEEN KUMAR REDDY & GEETLA KEERTHI

Spouse's/CU Partner's SSN (if filing jointly) 706778254

County/Municipality Code (See Table page 50) 1205

Home Address (Number and Street, including apartment number) 192 EVERGREEN ROAD APT 16A

ZIP Code City, Town, Post Office State 08837 EDISON ΝJ

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

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.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No Spouse/CU Partner If joint return, does your spouse want to designate \$1? 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.		021200339
dd5.	Account number	dd5.		381046602738



Name(s) as shown on Form NJ-1040

BEECHU NAVEEN KUMAR REDDY & GEETLA KEERT

Your Social Security Number 340063717

1555

NJ-1040 2022 Page 2

	ear filers only:
From: To: Enter month of your year end 2 0 2	onth of your year end 2023

Filing Status

Fill in only one.

1.		Single
2	Y	M 1

Married/CU Couple, filing joint return

Married/CU Partner, filing separate return 3.

Head of Household Enter spouse's/CU partner's SSN 4.

Qualifying Widow(er)/Surviving CU Partner 5.

> Indicate the year of your spouse's/CU partner's death: 2020 2021

 $\begin{tabular}{ll} \textbf{Exemptions} \\ \textbf{Fill in the ovals that apply.} \end{tabular} \begin{tabular}{ll} \textbf{You must enter a total in the boxes to the right and complete the calculation.} \end{tabular}$

6.	Regular	×	Self	×	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000	
7.	Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner			x \$1,000 =		
8.	Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =		
9.	Veteran		Self		Spouse/CU Partner			x \$6,000 =		
10.	Qualified Dependent Children						2	x \$1,500 =	3000	
11.	1. Other Dependents							x \$1,500 =		
12.	Dependents Attending Colleges (See	instruct	ions)					x \$1,000 =		
13.	Total Exemption Amount (Add total	s from th	ne lines at	6 throu	gh 12)			13.	5000	
14.	Dependent Information. Provide the	followi	ng inform	ation fo	r each dependent.					

659674891

Last Name, First Name, Middle Initial

BEECHU, ANVIKA REDDY BEECHU, VARNIKA REDDY b.

c. d.

Social Security Number	Birth Year	No Health Insurance
962923533	2011	

2019

NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040

BEECHU NAVEEN KUMAR REDDY & GEETLA KEERTH

Your Social Security Number 340063717

1555

1.5	Wasse solaries tire and other application of the surgestion (State Wasse from Day 16 of analoged W 2(a)) (See instructions)	15.	126647 .
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15. 16a.	120047 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a		•
16b.	•	16b. 17.	52 .
17.	Dividends Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	52 •
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.	106600
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	126699 .
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.	126699 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
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.	5000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	121699 .
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.	121699 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	3949 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	64 .
	Enter Code		35
45.	Balance of Tax (Subtract line 44 from line 43)	45.	3885 .
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.	3885 .
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 .
			• •

VJ-1040

NJ-1040 2022 Page 4



Name(s) as shown on Form NJ-1040

BEECHU NAVEEN KUMAR REDDY & GEETLA KEERTH

Your Social Security Number

340063717 1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	3885	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	4527	
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 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.	4527	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you	ou owe	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 at	nd enter the overpayment	68.	642	
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.	642	•

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 Paid Preparer's Signature Federal Identification Number You can also make a payment on our website: nj.gov/taxation SYAM P02082703 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	S '	7

Name(s) as	shown on Fo	rm NJ-1040					Social Security Number
BEECHU	NAVEEN	KUMAR	REDDY	&	GEETLA	KEERTHI	340-06-3717

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.										
	(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)					
	FIDELITY BROKERAGE SERVICES LLC	01/01/2022	12/31/2022	0.	0.	0.					
	ROBINHOOD SECURITIES LLC	01/01/2022	12/31/2022	71.	116.	-45.					
	FIDELITY BROKERAGE SERVICES LLC	01/01/2022	12/31/2022	0.	0.	0.					
	ROBINHOOD SECURITIES LLC	01/01/2022	12/31/2022	1,495.	4,083.	-2,588.					
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)?	> Yes	s 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.		

Schedule NJ-HCC

2022

(Form NJ-1040)

New Jersey **Health Care Coverage**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.								
BEECHU NAVEEN KUMAR REDDY & GEETLA KEERTHI	340-06-3717								
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 to every month each person had minimum essential health coverage or question (part-year residents include only months as a New Jersey resident). If a exemption, enter the exemption number. (See instructions for line 53, Normore than one exemption number, check the box. If you need more spanning additional individuals.	ualified for an exemption an individual qualified for an NJ-1040.) If an individual has ace, enclose a statement listing								
QuickZoom to Shared Responsibility Payment Calculation Worksheet									

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	
,		. —	Check	box if t	his indi	vidual i	s unde	r 18 .	·				
Exemption Code		_	Check								on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
Exemption Code		_	Check Check								on nun	nber .	
ĺ						Viduai i	Sunde	10.	i i i i i i			i i i i i i	
Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
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	<u>his ind</u> i	vidual i	s unde	r 18 .	<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	
,		.—	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
<u> </u>													
Exemption Code		_	Check								on nun	nber	
ĺ			Check	box if t	his indi	vidual i	s unde	r 18	 i			i —	
Exemption Code			l∟l Check∃	boy if t	 hio indi	الــــا		ro than				lL	
Exemption Code		_	Check								OII Hull	inei	
Ī						l	S unde		iiii.	ı		ii	
Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					