

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name AISHWARYA KANDULA	Social security number 651-83-6693
Spouse's name SAI KRISHNA ALAPATI	Spouse's social security number 351-27-4124

## Part I 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 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	287,997.
2 Total tax	2	41,236.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	50,207.
4 Amount you want refunded to you	4	10,977.
5 Amount you owe	5	

## Part II 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. 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	6	6	9	3
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 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.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	4	1	2	4
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 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. 

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (AISHWARYA), Last name (KANDULA), Your social security number (651-83-6693), Spouse's social security number (351-27-4124), Home address (1197 BLAZINGSTAR DR, HASLET, TX, 76052), etc.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent AVIN SAI ALAPATI.

Main income table with rows 1a through 15. Includes sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Total taxable income: 262,097.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	50,558.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	50,558.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	2,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	8,137.
	<b>21</b>	Add lines 19 and 20	<b>21</b>	10,137.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	40,421.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	815.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	41,236.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	50,207.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	0.
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	50,207.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	2,006.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	2,006.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	52,213.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	10,977.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	10,977.
Direct deposit? See instructions.	<b>b</b>	Routing number 1 1 1 0 0 0 6 1 4	<b>c</b> Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number 6 5 1 2 0 5 7 2 1		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (409) 998-8033	Email address AISHWARYA.KANDULA@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/04/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number  
651-83-6693

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-13,745.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-13,745.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number  
651-83-6693

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	815.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			815.

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number

651-83-6693

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	600.
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	7,537.
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	8,137.

(continued on page 2)



**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	2,006.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:  _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	2,006.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number

651-83-6693

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 7-3-412/E,VIJYA NAGAR BYPASS ROAD, KHAMMAM TELANGANA IN 507002

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	3	758.	
<b>4</b>	Royalties received . . . . .	4		
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .	5		
<b>6</b>	Auto and travel (see instructions) . . . . .	6		
<b>7</b>	Cleaning and maintenance . . . . .	7	2,969.	
<b>8</b>	Commissions . . . . .	8		
<b>9</b>	Insurance . . . . .	9		
<b>10</b>	Legal and other professional fees . . . . .	10		
<b>11</b>	Management fees . . . . .	11	2,847.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	12		
<b>13</b>	Other interest . . . . .	13		
<b>14</b>	Repairs . . . . .	14	2,799.	
<b>15</b>	Supplies . . . . .	15	2,891.	
<b>16</b>	Taxes . . . . .	16		
<b>17</b>	Utilities . . . . .	17	2,997.	
<b>18</b>	Depreciation expense or depletion . . . . .	18		
<b>19</b>	Other (list) _____	19		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	20	14,503.	
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	21	-13,745.	
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	22	( 13,745. )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	23a	758.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	23b		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	23c		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	23d		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	23e	14,503.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	24		
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( 13,745. )	
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26		-13,745.

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

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

2022 Attachment Sequence No. 21

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

651-83-6693

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . .

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . .

Part I Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box . . . . .

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: THE LEARNING EXPERIENCE, 9056 TEHEMA RIDGE PKWY FORT WORTH TX 76177, 85-3669399, Yes, 7,398.

Did you receive dependent care benefits? No Complete only Part II below. Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a). Row 1: AVIN SAI, ALAPATI, 792-04-4535, 7,398.

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your earned income. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

Table for line 8: If line 7 is: Over/But not over/Decimal amount is. Categories: \$0-15,000, 15,000-17,000, 17,000-19,000, 19,000-21,000, 21,000-23,000, 23,000-25,000, \$25,000-27,000, 27,000-29,000, 29,000-31,000, 31,000-33,000, 33,000-35,000, 35,000-37,000, \$37,000-39,000, 39,000-41,000, 41,000-43,000, 43,000-No limit.

9a Multiply line 6 by the decimal amount on line 8

9b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c

9c Add lines 9a and 9b and enter the result

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

651-83-6693

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	287,997.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	287,997.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	1	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	2,000.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	0	
	<b>Caution:</b> 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.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>		
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	2,000.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	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. }	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	2,000.	
	<input type="checkbox"/> <b>No. STOP.</b> 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.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	42,421.	
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	2,000.	

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** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b>	0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> 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.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	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. . . . .		
<b>22</b>	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 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .		
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**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
651-83-6693

AISHWARYA KANDULA

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b> 0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b> 7,300.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b> 0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b> 7,300.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	<b>6</b> 7,300.
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	<b>7</b>
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b> 7,300.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	<b>9</b> 3,000.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b> 3,000.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b> 4,300.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b> 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	<b>14a</b>
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>16</b>
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	<b>17b</b>

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>20</b>
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>

**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return AISHWARYA KANDULA & SAI KRISHNA ALAPATI	Taxpayer identification number 651-83-6693
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer tax identification number P02082703

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> 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)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>



### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number

651-83-6693

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	340,587.		
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>			
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>			
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	340,587.		
<b>5</b>	Enter the following amount for your filing status:				
	Married filing jointly . . . . . \$250,000				
	Married filing separately . . . . . \$125,000				
	Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>5</b>	250,000.		
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>		90,587.	
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		815.	

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b>	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	<b>8</b>			
<b>9</b>	Enter the following amount for your filing status:				
	Married filing jointly . . . . . \$250,000				
	Married filing separately . . . . . \$125,000				
	Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>9</b>			
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>			
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>			
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>			
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>			

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>			
<b>15</b>	Enter the following amount for your filing status:				
	Married filing jointly . . . . . \$250,000				
	Married filing separately . . . . . \$125,000				
	Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>15</b>			
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>			
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>			

**Part IV Total Additional Medicare Tax**

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>			815.
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**Part V Withholding Reconciliation**

<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	4,939.		
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	340,587.		
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	4,939.		
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		0.	
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>			
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	<b>24</b>		0.	

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number or EIN

651-83-6693

- Part I Investment Income**  Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions)		<b>1</b>	
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>	192.
<b>3</b>	Annuities (see instructions)		<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b> -13,745.	<b>4c</b>	-13,745.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>		
<b>c</b>	Combine lines 4a and 4b			
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	<b>5d</b>	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>		
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>		
<b>d</b>	Combine lines 5a through 5c			
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)		<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	-13,553.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>	<b>9d</b>	
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>		
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>		
<b>d</b>	Add lines 9a, 9b, and 9c			
<b>10</b>	Additional modifications (see instructions)		<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10		<b>11</b>	

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		<b>12</b>	0.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b> 287,997.	<b>16</b>	0.
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b> 250,000.		
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b> 37,997.		
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>	0.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	0.
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	<b>20</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>		
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	<b>21</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
<b>20</b>	Enter the smaller of line 18c or line 19c		<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	

## Residential Energy Credits

Go to [www.irs.gov/Form5695](http://www.irs.gov/Form5695) for instructions and the latest information.  
 Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return

AISHWARYA KANDULA & SAI KRISHNA ALAPATI

Your social security number

651-83-6693

**Part I Residential Clean Energy Credit** (See instructions before completing this part.)

**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2021**.

<b>1</b> Qualified solar electric property costs . . . . .	<b>1</b>	25,122.
<b>2</b> Qualified solar water heating property costs . . . . .	<b>2</b>	
<b>3</b> Qualified small wind energy property costs . . . . .	<b>3</b>	
<b>4</b> Qualified geothermal heat pump property costs . . . . .	<b>4</b>	
<b>5</b> Qualified biomass fuel property costs . . . . .	<b>5</b>	
<b>6a</b> Add lines 1 through 5 . . . . .	<b>6a</b>	25,122.
<b>b</b> Multiply line 6a by 30% (0.30) . . . . .	<b>6b</b>	7,537.
<b>7a</b> Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) . . . . .	<b>7a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
<b>b</b> Print the complete address of the main home where you installed the fuel cell property.		
Number and street	Unit No.	
City, State, and ZIP code		
<b>8</b> Qualified fuel cell property costs . . . . .	<b>8</b>	
<b>9</b> Multiply line 8 by 30% (0.30) . . . . .	<b>9</b>	
<b>10</b> Kilowatt capacity of property on line 8 above . . . . .	<b>10</b>	
<b>11</b> Enter the smaller of line 9 or line 10 . . . . .	<b>11</b>	
<b>12</b> Credit carryforward from 2021. Enter the amount, if any, from your 2021 Form 5695, line 16 . . . . .	<b>12</b>	
<b>13</b> Add lines 6b, 11, and 12 . . . . .	<b>13</b>	7,537.
<b>14</b> Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet (see instructions) . . . . .	<b>14</b>	49,458.
<b>15</b> <b>Residential clean energy credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5 . . . . .	<b>15</b>	7,537.
<b>16</b> Credit carryforward to 2023. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .	<b>16</b>	

**Part II Energy Efficient Home Improvement Credit**

<p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . .</p> <p><b>Caution:</b> If you checked the “No” box, you cannot claim the energy efficient home improvement credit. Do not complete Part II.</p> <p><b>b</b> Print the complete address of the main home where you made the qualifying improvements. <b>Caution:</b> You can only have one main home at a time.</p> <p style="text-align: center;">_____ Number and street <span style="float: right;">Unit No.</span></p> <p style="text-align: center;">_____ City, State, and ZIP code</p>	<b>17a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>c</b> Were any of these improvements related to the construction of this main home? . . . . .</p> <p><b>Caution:</b> If you checked the “Yes” box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	<b>17c</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>	<b>18</b>	
<p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>		
<p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>	<b>19a</b>	
<p><b>b</b> Exterior doors that meet or exceed the version 6.0 Energy Star program requirements . . . . .</p>	<b>19b</b>	
<p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>	<b>19c</b>	
<p><b>d</b> Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements . . . . .</p>	<b>19d</b>	
<p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>	<b>19e</b>	\$2,000
<p><b>f</b> If you claimed window expenses on your Form 5695 prior to 2022, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>	<b>19f</b>	0.
<p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>	<b>19g</b>	2,000.
<p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>	<b>19h</b>	0.
<p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>	<b>20</b>	0.
<p><b>21</b> Multiply line 20 by 10% (0.10) . . . . .</p>	<b>21</b>	0.
<p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>		
<p><b>a</b> Energy-efficient building property. Do not enter more than <b>\$300</b> . . . . .</p>	<b>22a</b>	0.
<p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than <b>\$150</b> . . . . .</p>	<b>22b</b>	0.
<p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than <b>\$50</b> . . . . .</p>	<b>22c</b>	0.
<p><b>23</b> Add lines 22a through 22c . . . . .</p>	<b>23</b>	
<p><b>24</b> Add lines 21 and 23 . . . . .</p>	<b>24</b>	
<p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>	<b>25</b>	
<p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>	<b>26</b>	
<p><b>27</b> Subtract line 26 from line 25. If zero or less, <b>stop</b>; you cannot take the energy efficient home improvement credit . . . . .</p>	<b>27</b>	
<p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>	<b>28</b>	
<p><b>29</b> Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet (see instructions) . . . . .</p>	<b>29</b>	
<p><b>30</b> <b>Energy efficient home improvement credit.</b> Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5 . . . . .</p>	<b>30</b>	



**2022 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

AISHWARYA KANDULA 651836693 06301993  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)  
SAI KRISHNA ALAPATI 351274124 12271991  
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth  
1197 BLAZINGSTAR DR TX 76052  
 Current Home Address City State ZIP Code  
HASLET  
 City

**2022 Federal Filing Status (place an X in one box):**

(1) Single  (2) Married Filing Jointly  (3) Married Filing Separately  (4) Head of Household  (5) Qualifying Widow(er)  
 Spouse Name \_\_\_\_\_  
 Spouse SSN \_\_\_\_\_

**Dependents (see instructions):**

AVIN SAI ALAPATI 792044535 SON  
 Dependent 1 First Name Dependent 1 Last Name Dependent 1 SSN Dependent 1 Relationship to You  
 \_\_\_\_\_  
 Dependent 2 First Name Dependent 2 Last Name Dependent 2 SSN Dependent 2 Relationship to You  
 \_\_\_\_\_  
 Dependent 3 First Name Dependent 3 Last Name Dependent 3 SSN Dependent 3 Relationship to You  
 \_\_\_\_\_

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

**Political Party Code Numbers:** Democratic/Farmer-Labor . . . 12 Grassroots/Legalize Cannabis 14 Legal Marijuana Now . . . . . 17  
 Republican . . . . . 11 Independence . . . . . 13 Libertarian . . . . . 16 General Campaign Fund. . . . . 99  
 Your Code Spouse's Code

**From Your Federal Return (see instructions)**

301550 0 0 262097  
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income  
**1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . . 1 ■ 287997**  
**2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . . 2 ■ \_\_\_\_\_**  
**3 Add lines 1 and 2. . . . . 3 287997**  
**4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . . 4 ■ 23342**  
**5 Exemptions (determine from instructions). . . . . 5 ■ 4450**  
**6 State income tax refund from line 1 of federal Schedule 1. . . . . 6 ■ \_\_\_\_\_**  
**7 Subtractions from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . . 7 ■ \_\_\_\_\_**  
**8 Total subtractions. Add lines 4 through 7. . . . . 8 27792**  
**9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . . 9 260205**  
**10 Tax from the table or schedules in the Form M1 instructions . . . . . 10 18119**



11 Alternative minimum tax (enclose Schedule M1MT) ..... 11 ■ \_\_\_\_\_

12 Add lines 10 and 11 ..... 12 \_\_\_\_\_ 18119

13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
 Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on  
 line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) ..... 13 \_\_\_\_\_ 305


13a ■ \_\_\_\_\_ 4 8 5 5 13b ■ \_\_\_\_\_ 2 8 7 9 9 7

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS ..... 14 ■ \_\_\_\_\_

15 Tax before credits. Add lines 13 and 14 ..... 15 \_\_\_\_\_ 305

16 Amount from line 19 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C) ..... 16 ■ \_\_\_\_\_ 7

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) ..... 17 \_\_\_\_\_ 298

18 Nongame Wildlife Fund contribution (see instructions)  
 This will reduce your refund or increase the amount you owe .....  18 ■ \_\_\_\_\_

19 Add lines 17 and 18 ..... 19 \_\_\_\_\_ 298

20 Minnesota income tax withheld. Complete and enclose Schedule M1W to report  
 Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF ..... 20 ■ \_\_\_\_\_ 316

21 Minnesota estimated tax and extension payments made for 2022 ..... 21 ■ \_\_\_\_\_

22 Amount from line 12 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF) . . . 22 ■ \_\_\_\_\_

23 Total payments. Add lines 20 through 22 ..... 23 \_\_\_\_\_ 316

24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).  
 For direct deposit, complete line 25 ..... 24 ■ \_\_\_\_\_ 18

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
 Checking  Savings \_\_\_\_\_  
 Routing Number 111000614 Account Number 651205721

26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) ..... 26 ■ \_\_\_\_\_

27 Penalty amount from Schedule M15 (see instructions). Also subtract  
 this amount from line 24 or add it to line 26 (enclose Schedule M15) ..... 27 ■ \_\_\_\_\_

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you ..... 28 ■ \_\_\_\_\_

29 Amount from line 24 you want applied to your 2023 estimated tax ..... 29 ■ \_\_\_\_\_

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature \_\_\_\_\_  
4099988033  
 Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
 Paid Preparer's Signature  
6789659522  
 Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
AISHWARYA.KANDULA@GMAIL.COM  
 Email Address

04042023  
 Date (MM/DD/YYYY) P02082703  
 PTIN or VITA/TCE # (required)

syam@gtaxfile.com  
 Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2022 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



# 2022 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

AISHWARYA  
Your First Name and Initial

KANDULA  
Your Last Name

651836693  
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) ..... 1 ■ 7
- 2 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) ..... 2 ■ \_\_\_\_\_
- 3 Credit for taxes paid to another state (*enclose Schedule(s) M1CR and M1RCR*) ..... 3 ■ \_\_\_\_\_
- 4 Credit for Past Military Service (*see instructions*) ..... 4 ■ \_\_\_\_\_
- 5 Employer Transit Pass Credit (*enclose Schedule ETP*) ..... 5 ■ \_\_\_\_\_
- 6 SEED Capital Investment Credit (*see instructions; enclose certification*) ..... 6 ■ \_\_\_\_\_
- 7 Education Savings Account Contribution Credit (*enclose Schedule M1529*) ..... 7 ■ \_\_\_\_\_
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field (*enclose Schedule M1CMD*) ..... 8 ■ \_\_\_\_\_
- 9 Student Loan Credit (*enclose Schedule M1SLC*) ..... 9 ■ \_\_\_\_\_
- 10 Beginning Farmer Management Credit ..... 10 ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
BF 22 - \_\_\_\_\_
- 11 Film Production Credit ..... 11 ■ \_\_\_\_\_  
Enter the credit certificate number: TAXC - \_\_\_\_\_
- 12 Tax Credit for Owners of Agricultural Assets ..... 12 ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
AO 22 - \_\_\_\_\_  
AO 22 - \_\_\_\_\_  
AO 22 - \_\_\_\_\_
- 13 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) ..... 13 ■ \_\_\_\_\_
- 14 Carryforward of prior year Beginning Farmer Management Credits (*see instructions*) ..... 14 ■ \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_
- 15 Carryforward of prior year Owners of Agricultural Assets Credits (*see instructions*) ..... 15 ■ \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_
- 16 Carryforward of prior year Credit for Increasing Research Activities ..... 16 ■ \_\_\_\_\_  
List the years the credits were reported to you on Schedule KPI, KS, or KF:  
\_\_\_\_\_
- 17 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) ..... 17 ■ \_\_\_\_\_
- 18 This line intentionally left blank ..... 18 ■ \_\_\_\_\_
- 19 Add lines 1 through 18. Enter total here and on line 16 of Form M1. .... 19 7

**You must include this schedule with your Form M1.**





# 2022 Schedule M1MA, Marriage Credit

AISHWARYA  
Your First Name and Initial

KANDULA  
Your Last Name

651836693  
Your Social Security Number

SAI KRISHNA  
Spouse's First Name and Initial

ALAPATI  
Spouse's Last Name

351274124  
Spouse's Social Security Number

**Part 1**

**A — Taxpayer**                      **B — Spouse**

- 1 Wages, salaries, tips, and other employee compensation (see instructions) ..... 1 103188                      198362
  - 2 Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE) ..... 2 \_\_\_\_\_
  - 3 Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions) ..... 3 \_\_\_\_\_
  - 4 Taxable Social Security benefits (see instructions) ..... 4 \_\_\_\_\_
  - 5 Add lines 1 through 4 for each column ..... 5 103188                      198362
  - 6 Amount from line 5, Column A or B, whichever is less (If less than \$26,000, STOP HERE. You do not qualify) ..... 6 103188
  - 7 Joint taxable income from line 9 of Form M1. (If less than \$42,000, STOP HERE. You do not qualify) ..... 7 260205
  - 8 If line 6 is less than \$106,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions.
    - Full-year residents: Enter the result here and on line 1 of Schedule M1C ..... 8 421
    - Part-year residents and nonresidents: Skip ahead to Part 3
- If line 6 is \$106,000 or more, continue to Part 2

**Part 2 — If Line 6 is \$106,000 or More**

- 9 Enter the amount from line 6 ..... 9 \_\_\_\_\_
- 10 Value of one-half of the standard deduction for Married Filing Jointly ..... 10 12,900
- 11 Subtract line 10 from line 9 ..... 11 \_\_\_\_\_
- 12 Using the tax rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 11 .... 12 \_\_\_\_\_
- 13 Amount from line 7 ..... 13 \_\_\_\_\_
- 14 Amount from line 11 ..... 14 \_\_\_\_\_
- 15 Subtract line 14 from line 13 (If zero or less, STOP HERE. You do not qualify) ..... 15 \_\_\_\_\_
- 16 Using the tax rate schedule for single persons in the Form M1 instructions, compute the tax for the amount on line 15 16 \_\_\_\_\_
- 17 Tax from line 10 of Form M1 ..... 17 \_\_\_\_\_
- 18 Add lines 12 and 16 ..... 18 \_\_\_\_\_
- 19 Subtract line 18 from line 17. If the result is more than \$1,596, enter \$1,596. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 1 of Schedule M1C ..... 19 \_\_\_\_\_ Part-year residents and nonresidents: Continue to Part 3.

**Part 3 — Part-Year Residents and Nonresidents**

- 20 Part-year residents and nonresidents: Enter the decimal from line 30 of Schedule M1NR ..... 20 0.01686
- 21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C .... 21 7





# 2022 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

AISHWARYA KANDULA 651836693  
 Your First Name and Initial Your Last Name Your Social Security Number  
SAI KRISHNA ALAPATI 351274124  
 Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

**Minnesota Residency** (Place an X in one box and enter other state of residency)

You:  Full-year Nonresident  Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_ Other State of Residency: TX  
 (MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse:  Full-year Nonresident  Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_ Other State of Residency: TX  
 (MM/DD/YYYY) (MM/DD/YYYY)

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1z of federal Form 1040 or 1040-SR) . . . . .	1 301550	4855
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) . . . . .	2 192	0
3 Business income or loss (from line 3 of federal Schedule 1) . . . . .	3 _____	_____
4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) . . . . .	4 _____	_____
5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) . . . . .	5 _____	_____
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) . . . . .	6 -13745	0
7 Farm income or loss (from line 6 of federal Schedule 1) . . . . .	7 _____	_____
8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1) . . . . .	8 _____	_____
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) . . . . .	9 _____	_____
10 Bonus depreciation addition from line 1 of Schedule M1MB . . . . .	10 ■ _____	■ _____
11 If you entered an amount on line 9 of Schedule M1REF, see instructions . . . . .	11 ■ _____	■ _____
12 Suspended loss from line 4 of Schedule M1MB . . . . .	12 ■ _____	■ _____
13 Other required adjustments from Schedules M1M, M1MB, and M1AR (see instructions) . . . . .	13 ■ _____	■ _____
14 Federal adjustments from Schedule M1NC (See instructions) . . . . .	14 ■ _____	■ _____
15 Add lines 1 through 14 for each column . . . . .	15 ■ 287997	■ 4855
<b>If your Minnesota gross income is below \$12,900, see instructions.</b>		
16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1) . . . . .	16 _____	_____
17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1) . . . . .	17 _____	_____
18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1) . . . . .	18 _____	_____
19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1) . . . . .	19 _____	_____
20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) . . . . .	20 _____	_____



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) . . . . .	21	_____	_____
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■	22	_____	_____
23	Social Security benefit from line 12 of Schedule M1M (see instructions). . . . .	23	_____	_____
24	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB . . . . .	24	_____	_____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M) . . . . .	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) . . . . .	26	_____	_____
27	Add lines 16 through 26 for each column . . . . .	27	_____	0                      0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0 . . . . .	28	_____	4855
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 . . . . .	29	_____	287997
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 . . . . .	30	_____	.01686
31	Amount from line 12 of Form M1 . . . . .	31	_____	18119
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 . . . . .	32	_____	305

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





**2022 Schedule M1W, Minnesota Income Tax Withheld**

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<u>AISHWARYA</u> Your First Name and Initial	<u>KANDULA</u> Last Name	<u>651836693</u> Your Social Security Number
<u>SAI KRISHNA</u> If a Joint Return, Spouse's First Name and Initial	<u>ALAPATI</u> Spouse's Last Name	<u>351274124</u> Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

<b>A</b>	<b>B—Box 13</b>	<b>C—Box 15</b>	<b>D—Box 16</b>	<b>E—Box 17</b>
If the Form W-2 is for:	If Retirement Plan box is check mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1				
• spouse, enter 2				
a1 <u>2</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>3305589</u>	d1 <u>4855</u>	e1 <u>316</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 316**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Numb <i>(if unknown, contact the payer)</i>	Income amount <i>(see the table on the back for amounts to include)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 316**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**