# 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

Subm	nission Identification Number (SID)				
Taxpay	ver's name	Social securit	y number		
MAI	LIKARJUN PRASAD EEDUPUGANTI	093-27-	2943		
Spouse	e's name	Spouse's soci	al security	y number	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (	 Enter vear vou ai	e autho	orizina.)	)
	whole dollars only on lines 1 through 5.		o danie	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	93,	,696.
2	Total tax		2		,377.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,	,659.
4	Amount you want refunded to you		4		,282.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy	, of yoι	ır retur	rn)
return to sen for any Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounts of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terright, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellationess days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to nal identification number (PIN) below is my signature for the income tax return (original or amende onic Funds Withdrawal Consent.	ransmitter, or electro or rejection of the tra the U.S. Treasury ar nt indicated in the ta stitution to debit the minate the authoriza n requests must be in the processing of the payment. I furt	nic returnansmission its des x prepara entry to to tion. To received the elect ner acknown.	n originate on, (b) the ignated f ation soft this accor revoke (c I no late ronic pay owledge	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the
Taxpa	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or gene	erate mv PIN		4 3	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	EIIL	er five dig i't enter a		,
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.				
Your	signature ▶ Date	e <b>-</b>			
Snou	ana'a Pibly chack and hay only				
Spou	se's PIN: check one box only  lauthorize to enter or gene	wata my DINI			00 1001
L	I authorize to enter or gene to enter or gene	,	er five dig	its but	as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.				
Spou	se's signature ▶ Date	•			
	Practitioner PIN Method Returns Only—continue b	elow			
Part	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 Don't ente	2 3 1 er all zeros		9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual incorrized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Provider	submitting this retu	rn in acc	ordance	
ERO'	s signature ▶ Date	<b>.</b>			
	ERO Must Retain This Form — See Instruction				

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (		_		,	,	spou	ifying surv se (QSS) name if th	Ü		
Your first name	and mi	ddle initial	Last na	me					Y	our soc	cial securit	y number		
MALLIKA	RJUN	PRASAD	EEDU	PUGANTI					0	93-2	7-2943	3		
If joint return, s	pouse's	first name and middle initial	Last na	Last name							Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			А	ot. no.	P	residen	tial Election	on Campaign		
937 S W	ASHI	NGTON AVE,									ere if you,			
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP cc	de				tly, want \$3		
PISCATAV	VAY		NJ 088								tnis tuna. ( ow will not	Checking a change		
Foreign country											or refund.	0		
											You	Spouse		
Digital		ny time during 2022, did you: (a) rec	,				•	,.	` '			⊠ No		
Assets		ange, gift, or otherwise dispose of a		<u>-</u> _			asseij	(See ins	structi	ons.)	Yes			
Standard Deduction		eone can claim: You as a de		•		a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	allen									
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Sp	ouse	☐ Was bor	rn befo	re Janua	ry 2, 1	958	Is bli	nd		
Dependent	s (see	instructions):		(2) Social security (3) Relationship			nip (4)	Check th	e box i	f qualifi	es for (see	instructions):		
If more	<b>(1)</b> Fi	rst name Last name		number to you				Child ta	x cred	it (	Credit for oth	ner dependents		
than four											[			
dependents, see instruction	s											<u> </u>		
and check	, —											<u></u>		
here														
Income	1a	Total amount from Form(s) W-2, b	,	,						1a 1b	10	03 <b>,</b> 070.		
=	b													
Attach Form(s) W-2 here. Also	С	1												
attach Forms	d									1d				
W-2G and 1099-R if tax	е	, , , , , ,								1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29												
If you did not	g	Wages from Form 8919, line 6.								1g				
get a Form W-2, see	h	Other earned income (see instruct	,							1h	_	0.		
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1i</u>	i				1.0	070		
	<u>z</u>	Add lines 1a through 1h							•	1z	+ 10	03,070.		
Attach Sch. B	2a	'	2a			axable interest				2b	+			
if required.	3a	_	3a			rdinary divide				3b	+			
	4a	_	4a			axable amoun				4b	+			
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b	+			
Single or	6a	,	6a			axable amoun				6b				
Married filing separately,	C 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche		•	`	,				7				
\$12,950 Married filing	7	Other income from Schedule 1, lin							Ш	8		0 274		
jointly or	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		<u>-9,374.</u> 93,696.		
Qualifying surviving spouse,	10	Add lifles 12, 25, 35, 45, 35, 65, 7 Adjustments to income from Sche		•		, 			•	10	+ 3	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
\$25,900	11	Subtract line 10 from line 9. This is	,						•	11	1	93,696.		
Head of household,	12	Standard deduction or itemized	-						•	12		L2,950.		
\$19,400 If you checked	13	Qualified business income deduct		•	,					13	+	<u>.                                    </u>		
any box under	14	Add lines 12 and 13								14	1 1	L2,950.		
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		30,746.		
see instructions.			_ 0. 1000	-,	,				•			, , , , , , , , , ,		

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	13,377.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	13,377.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,377.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	13,377.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 16	5,659.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:				25c			
	d	Add lines 25a through 25c	,					25d	16,659.
	26	2022 estimated tax paymen						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	16,659.
	34	If line 33 is more than line 24						34	3,282.
Refund	35a	Amount of line 34 you want				•		35a	3,282.
Direct deposit?	b	Routing number 3 2 2			c Type:		Savings	OOG	0,2021
See instructions.	d	Account number 2 5 7			l l l		Cavings		
	36	Amount of line 34 you want			ad tay	36			
Amount	37	Subtract line 33 from line 24				30			
You Owe		For details on how to pay, g	37						
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	•				omplete h	nelow	⊠ No
Doolgiloo		signee's		Phone			onal identi		
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
Joint return?					SR ENGR CSL	T-SOFTWARE D	,	inst.)	IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa			IRS ser	nt your spouse an
Keep a copy for your records.	•		· ·			I	•	ection PIN, enter it here	
your records.							(see	inst.)	
		one no. (470) 658-822		Email address	EARJUN13@		T		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/29/2023	P0208	2703	Self-employed
Use Only	Fire	m's name GLOBAL TA	XES LLC				Phor	ne no. (	(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/18/23 PRO			Form 1040 (2022)

# SCHEDULE 1 (Form 1040)

# Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

	Sequence No. U
Your soc	ial security number
003-27	_20/3

6       Farm income or (loss). Attach Schedule F.       6         7       Unemployment compensation.       7         8       Other income:       8a ( )         a Net operating loss	
Alimony received  b Date of original divorce or separation agreement (see instructions):  3 Business income or (loss). Attach Schedule C  4 Other gains or (losses). Attach Form 4797  5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  6 Farm income or (loss). Attach Schedule F  7 Unemployment compensation  8 Other income:  a Net operating loss  b Gambling  c Cancellation of debt  foreign earned income exclusion from Form 2555  c Income from Form 8853  f Income from Form 8889  g Alaska Permanent Fund dividends  h Jury duty pay  i Prizes and awards  j Activity not engaged in for profit income  2a  3	
b Date of original divorce or separation agreement (see instructions):  3 Business income or (loss). Attach Schedule C	
3       Business income or (loss). Attach Schedule C       3         4       Other gains or (losses). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -9,         6       Farm income or (loss). Attach Schedule F       6       -9,         7       Unemployment compensation       7         8       Other income:       8a ( )         a Net operating loss       8a ( )         b Gambling       8b       6         c Cancellation of debt       8c       8d ( )         d Foreign earned income exclusion from Form 2555       8d ( )         e Income from Form 8853       8e       8f         g Alaska Permanent Fund dividends       8g         h Jury duty pay       8h       8h         i Prizes and awards       8i       8j	
4       Other gains or (losses). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -9,         6       Farm income or (loss). Attach Schedule F       6         7       Unemployment compensation       7         8       Other income:       8a ( )         a Net operating loss       8a ( )         b Gambling       8b       6         c Cancellation of debt       8c       8d ( )         d Foreign earned income exclusion from Form 2555       8d ( )       8e         d Income from Form 8853       8e       8e         f Income from Form 8889       8f       8g         g Alaska Permanent Fund dividends       8g       8h         h Jury duty pay       8h       8i         i Prizes and awards       8i       8j	
6       Farm income or (loss). Attach Schedule F.       6         7       Unemployment compensation.       7         8       Other income:       8a ( )         a Net operating loss	
7 Unemployment compensation	374.
8 Other income: a Net operating loss	
a Net operating loss	
b Gambling	
c Cancellation of debt	
d Foreign earned income exclusion from Form 2555	
e Income from Form 8853	
f Income from Form 8889 8f   g Alaska Permanent Fund dividends 8g   h Jury duty pay 8h   i Prizes and awards 8i   j Activity not engaged in for profit income 8j	
g Alaska Permanent Fund dividends 8g   h Jury duty pay 8h   i Prizes and awards 8i   j Activity not engaged in for profit income 8j	
h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8j	
i Prizes and awards	
j Activity not engaged in for profit income	
k Stock options	
I Income from the rental of personal property if you engaged in the rental	
for profit but were not in the business of renting such property 81	
m Olympic and Paralympic medals and USOC prize money (see	
instructions)	
n Section 951(a) inclusion (see instructions) 8n	
o Section 951A(a) inclusion (see instructions) 80	
p Section 461(I) excess business loss adjustment 8p	
q Taxable distributions from an ABLE account (see instructions) 8q	
r Scholarship and fellowship grants not reported on Form W-2 8r	
s Nontaxable amount of Medicaid waiver payments included on Form	
1040, line 1a or 1d	
t Pension or annuity from a nonqualifed deferred compensation plan or	
a nongovernmental section 457 plan	
u Wages earned while incarcerated 8u	
z Other income. List type and amount:	
8z	
9 Total other income. Add lines 8a through 8z	7/

Schedule 1 (Form 1040) 2022 Page **2** 

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number 002 27 2042

MAL	LIKARJUN PRASAD EEDUPUGANTI						093-2	7-294	3	
Par	Note: If you are in the business of renting personal propert	d Roy	alties Schedule	C. See	instru	ctions. If you are	e an indiv	/idual, re	port farm	
	rental income or loss from <b>Form 4835</b> on page 2, line 40.								. 57	
	Did you make any payments in 2022 that would require you t If "Yes," did you or will you file required Form(s) 1099? .									
 1a	Physical address of each property (street, city, state, ZIP							<u>·                                      </u>		
Α	H NO:1-62, RAIKUR CAMP KOTAGIRI, NIZAMAB			NIA TI	vi 50	3100				_
B	II NO.1 02, KAIKOK CAMI KOTAGIKI, NIZAMADA	AD II	шинди	11		3100				_
C										_
1b	Type of Property 2 For each rental real estate proper				Fa	ir Rental	Person	al Use	QJV	
Α.	(from list below) above, report the number of fair repersonal use days. Check the QU			•		Days	Da		QUV	_
_ <u>A</u>	gersonal use days. Check the QJ' if you meet the requirements to fill			A		365		0	<del>                                     </del>	
<u>B</u>	qualified joint venture. See instruc			В					<del>                                     </del>	_
<u> </u>	1			С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rental Multi-Family Residence 4 Commercial	al	5 Land 6 Roya			Self-Rental Other (descril	oe)			
		L				Propertie	s:			
Inco	me:			Α		В			С	
3	Rents received	3		5	50.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		9	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,8	74.					
15	Supplies	15		2,4	50.					
16	Taxes	16								
17	Utilities	17		2,1	50.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		9,9	24.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must			0 2	7,					
00	file Form 6198	21		<b>-9,</b> 3	/4.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		9,37	4.)	(	)	(		)
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		550.			
b	Total of all amounts reported on line 4 for all royalty prope				23b					
С					23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	9,	924.			
24	Income. Add positive amounts shown on line 21. Do not				·		24			
25	Losses. Add royalty losses from line 21 and rental real estate		•		nter to	otal losses here	25	(	9,374.	_)
26	Total rental real estate and royalty income or (loss).								·	
-	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this am	apply 1	to you, a	also er	nter th	is amount on	ı		-9,374	

## **Passive Activity Loss Limitations**

See separate instructions.

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

OMB No. 1545-1008

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Identifying number										
	Attachment Sequence No. <b>858</b>									

MALI	LIKARJUN PRASAD EEDUPUGANTI	Ι			093	8-27-	2943
Par							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (	0. 9,374.) )	1d	-9,374.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amorphior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ( 2c (	)	2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	prior year unallow	ed losses entered		Report the	3	-9,374.
		loss (and line 1d is	•				
Part II	on: If your filing status is married filing . Instead, go to line 10.		_			year,	do not complete
Par	-			-			
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an examp	ole.		0.074
4	Enter the <b>smaller</b> of the loss on line 1					4	9,374.
5 6	Enter \$150,000. If married filing separ Enter modified adjusted gross income				50,000.		
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line		er -0-	03,070.		
7	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> el			<b>7</b>	46,930.	0	22 465
8 9	Enter the <b>smaller</b> of line 4 or line 8					9	23,465. 9,374.
Pari						3	9,374.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv out how to report the losses on your t	e activities for 20 ax return	<b>22.</b> Add lines 9 ar	nd 10. See instructi	ons to find	11	9,374.
Part	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	rall gai	in or loss
	Name of assivity	(a) Net income (line 1a)			(d) Gair	1	(e) Loss
H NO	D:1-62,RAIKUR CAMP	0.	9,374.				9,374.
						-	
						$\rightarrow$	

9,374.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022)

, ,									. 490 🗕	
Part V Complete This Part Before	еΡ	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			:	
A1		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
Name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	, <b>Line 9.</b> S	ee instruc	tions.				
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	number orted on (a)		<b>(b)</b> Ra	ıtio	(c) Special allowance		(d) Subtract column (c) from column (a).	
H NO:1-62, RAIKUR CAMP		E Ln 22		9,374.		0000	9,37	4.	0.	
Total				9,374.	1.00	)	9,37	4.	0.	
Part VII Allocation of Unallowed I	oss	ses. See instr	uction							
Name of activity		Form or sche and line nun to be reporte (see instructi		mber ted on (a) L			(b) Ratio		(c) Unallowed loss	
Total		one					1.00			
Allowed Losses. Gee list	ucti	Form or sche	علىام							
Name of activity		and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss	
Total		<u></u>								



#### 2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

**NJ-1040** 2022 Page 1

040MP01220

Your Social Security Number (required) 093272943

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.)

EEDUPUGANTI MALLIKARJUN PRASAD

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

Home Address (Number and Street, including apartment number)

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1210 \end{array}$ 

937 S WASHINGTON AVE

City, Town, Post Office
PISCATAWAY

State ZIP Code NJ 08854

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.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund?

You

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

#### **Direct Deposit Information**

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		322271627
dd5.	Account number	dd5.		257977261



# **NJ-1040** 2022 Page 2

Name(s) as shown on Form NJ-1040

#### EEDUPUGANTI MALLIKARJUN PRASAD

Your Social Security Number 093272943

1555

Part-	year residents, provide months/days you were a New Jersey resident during 2022:					Fiscal year filers only:					
From	n: To	):				Enter mor	nth of you	r year end	2	023	
	ng Status n only one.										
1.	X Single										
2.	Married/CU Couple,	filing joint retu	rn								
3.	Married/CU Partner,	filing separate i	return								
4.	Head of Household					Enter spouse's/CU partne	er's SSN				
5.	Qualifying Widow(e	r)/Surviving CU	J Partner								
	Indicate the year of y	our spouse's/C	U partner's death:	2020	2021						
	mptions n the ovals that apply. You must ent	er a total in the bo	oxes to the right and co	mplete the calculation.							
6.	Regular	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000		
7.	Senior 65+ (Born in 1957 or ear	lier)	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 Childre	n						x \$1,500 =			
11.	Other Dependents							x \$1,500 =			
12.	Dependents Attending College	ges (See instruc	tions)					x \$1,000 =			
13.	Total Exemption Amount (A	dd totals from tl	he lines at 6 throug	h 12)				13.	1000	•	
14.	Dependent Information. Pro	vide the followi	ng information for	each dependent.							
	Last Name, First Name, Mid-	dle Initial				Social Security Number		Birth Year	No	Health Insurance	
a.											
b.											
c.											
d.											

# NJ-1040

Name(s) as shown on Form NJ-1040

EEDUPUGANTI MALLIKARJUN PRASAD

Your Social Security Number 093272943

1555

**NJ-1040** 2022 Page 3

040MP03220

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	106626 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1	) 22.	
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	106626 .
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.	106626 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	
32.	Alimony and separate maintenance payments (See instructions)	32.	
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	
37b.		37b.	
37c.	NJ Higher Ed. Tuition Deduction	37c.	·
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	105626 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	103020 •
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.	105626 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	4602 .
		43. 44.	4002 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)  Enter Code	77.	•
45.	Balance of Tax (Subtract line 44 from line 43)	45	4602 .
		45. 46.	4002 •
46.	Sheltered Workshop Tax Credit		•
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.	4.000
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	4602 .
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.	•
50	Fill in if Form NJ-2210 is enclosed		0
53.	Shared Responsibility Payment (See instructions)  REQUIRED Enclose Schedule HCC and fill in	53.	0.

NJ-1040 2022 Page 4

72.

73.

74.

75.

76.

78.

79.

80.

Contribution to N.J. Vietnam Veterans' Memorial Fund

Contribution to U.S.S. New Jersey Educational Museum Fund

Balance due (If line 67 is more than zero, add line 67 and line 78)

Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)

Refund amount (If line 68 is more than zero, subtract line 78 from line 68)

Contribution to N.J. Breast Cancer Research Fund

Other Designated Contribution (See instructions)

Other Designated Contribution (See instructions)

Other Designated Contribution (See instructions)

Your Social Security Number 093272943

1555

72.

73.

74.

75.

76.

77.

78

79

80

Tax Due Address

557

Enter Code

Enter Code

Enter Code

4602 . Total Tax Due (Add lines 50 through 53) 54. 54 5159 Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions) 55. 55. 56. Property Tax Credit (See instructions page 24) 56. New Jersey Estimated Tax Payments/Credit from 2021 tax return 57. 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 Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) 59. 59. 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) 60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) 61. 61 Wounded Warrior Caregivers Credit (See instructions) 62. 62. Pass-Through Business Alternative Income Tax Credit (See instructions) 63. 63 Child and Dependent Care Credit (See instructions) 64. 64 Fill in if you are a CU couple claiming the Child and Dependent Care Credit New Jersey Child Tax Credit (See instructions) 65. 65. Number of dependents under age 6 on 12/31/2022 Total Withholdings, Credits, and Payments (Add lines 55 through 65) 5159 66. 66. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you 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 and enter the overpayment 68. 557 Amount from line 68 you want to credit to your 2023 tax 69. 69 Contribution to N.J. Endangered Wildlife Fund 70. 70. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse 71 71.

Name(s) as shown on Form NJ-1040

EEDUPUGANTI MALLIKARJUN PRASAD

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

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

Division Use:

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

New Jersey Gross Income Tax
Business Income Summary Schedule

2022

P	Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.											
	Business Name		Social Security Number/ Federal EIN			Profit or (Loss)						
1.												
2.												
3.												
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Entline 18, NJ-1040. If loss, make no entry on line		on			4.						
Р	art II Distributive Share of Partne	rship Inco	ome	)						re of income (loss) e instructions.		
	Partnership Name	Federal	I EIN	l			are of Pai scome or			Share of Pass-The Business Alterna Income Tax		
1.												
2.												
3.												
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)				4.							
5.	Total Share of Pass-Through Business Alternation (Add lines 1, 2, and 3.)(Enter here and include o			10.)	5.							
P	art III Net Pro Rata Share of S Co	rporation	Inc	om	е					of income (usable n(s). See instruction	ns.	
	S Corporation Name	Federal El	N				f S Corpor sable Loss	S Corporation   Share of Pass-Through Business				
1.												
2.												
3.												
4.	Net Pro Rata Share of S Corporation Income or (Usak (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ If loss, make no entry on line 22.)		4.									
5.	Total Share of Pass-Through Business Alternative Inco (Add lines 1, 2, and 3.)(Enter here and include on line 6		5.									
P	Part IV  Net Gains or Income From Rents, Royalties, Patents, and Copyrights  List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights								Гуре			
	Source of Income or Loss. If rental real estate, enter physical address of property.	te, Social Security Num Federal EIN					er/ Type – Enter number from list above					
1.	H NO:1-62, RAIKUR CAMP	093272943					1			-9,374.		
2.												
3.												
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)  49,374.											

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

### New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

		Column A									
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)						
1.	Net Profits From Business		0.	1b	0.						
2.	Distributive Share of Partnership Income	2a.	0.	2t	0.						
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b							
4.			0.	41:	-9 <b>,</b> 374.						
5.	Loss Carryforward From Tax Year 2021			5b							
6.	6. Totals		0.	6b	-9 <b>,</b> 374.						
Part	II Adjustment Calculation										
7.	Total Regular Business Income	7.	0.								
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.								
9.			0.								
10.	Adjustment Percentage	10.	.50								
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.								
Part	: III Loss Carryforward to Tax Year 2023										
12.	Loss Carryforward to Tax Year 2023	12	2. ( 9,374.								

#### Instructions

	msuucuons
Line 1a.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from line 21, Form NJ-1040.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from line 22, Form NJ-1040.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from line 23, Form NJ-1040.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
Line 6a.	Enter the total of lines 1a through 4a.
Line Ch	Enter the total of lines 1h through Eh, notting going with leaden

- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule **NJ-HCC** 

# New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold,

2022

(Form NJ-1040) If your income on line 29 is at or below the filing threshold on to complete this schedule.

Name as Shown on Return	Social Security No.							
EEDUPUGANTI MALLIKARJUN PRASAD	093-27-2943							
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 every month each person had minimum essential health coverage or (part-year residents include only months as a New Jersey resident). If exemption, enter the exemption number. (See instructions for line 53, more than one exemption number, check the box. If you need more spany additional individuals.	qualified for an exemption f an individual qualified for an NJ-1040.) If an individual has pace, enclose a statement listing							
<b>QuickZoom</b> to Shared Responsibility Payment Calculation Worksheet	<b>→</b>							

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 Hui	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 .					