## 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

Submission Identification Number (SID)    Tax Neturn Information — Tax Year Ending December 31,								
Spanse's name    Part II   Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	Submission Identification Number (SID)							
Spouse's social security number	Taxpayer's name	Social securi	ty numbe	er				
Spouse's social security number	THULASI AMARANENI	598-85	598-85-0008					
Enter whole dollars only on lines 1 through 5.  Note: Form 104-OSS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 2, 5, 538. 4 Amount you want refunded to you 4 2, 861. 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount 9 Amo								
Enter whole dollars only on lines 1 through 5.  Note: Form 104-OSS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 2, 5, 538. 4 Amount you want refunded to you 4 2, 861. 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount 9 Amo	Port I Tay Patura Information Tay Year Ending December 21	22 (Enter year year	ro outh	oorizina	<u> </u>			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 2 22, 677. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 25, 538. 4 Amount you want refunded to you 4 4 2, 861. 5 Amount you want refunded to you 5 4 4 2, 861. 5 Amount you want refunded to you 4 4 2, 861. 5 Amount you want refunded to you 5 4 4 2, 861. 5 Amount you want refunded to you 6 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you want refunded to you 7 4 4 2, 861. 5 Amount you 8 4 2, 861. 5 Amount you 9 4 4 4 2, 861. 5 Amount you 9 4 4 4 2, 861. 5 Amount you 9 4		22 (Enter year you a	re auu	ionzing.	)			
1 1 3.3,121. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 2 2, 677. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 2 5, 538. 4 Amount you want refunded to you . 4 2, 861. 5 Amount you want refunded to you . 4 2, 861. 5 Amount you want refunded to you . 4 2, 861. 6 Amount you want refunded to you . 4 2, 861. 7 Amount you want refunded to you . 4 2, 861. 7 Amount you want refunded to you . 4 2, 861. 8 Amount you want the funded to the funded the f	·							
2   2   2,677. 3   Federal income tax withheld from Form(s) W-2 and Form(s) 1099   3   25,538. 4   Amount you want refunded to you   4   2,851. 5   Amount you owe   4   2,851. 5   Amount you owe   5   Amount you owe   4   2,851. 5   Amount you owe   5   Amount you owe   4   2,851. 5   Amount you owe   5   Amount you owe   4   2,851. 5   Amount you owe   5   Amount you owe   4   2,851. 5   Amount you want refunded to you want refunded to you want refunded to you want you refunded to you want you refunded to refunded to the payment the transmission, (by the reason for any death you have been payment, must confact the you want you you you you you you you you you want you			1 1	133	121			
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Lorder penalties of perjunt, Ideoter 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 compilete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original from the income tax return (original or amended) I am now authorizing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (girect debit) entry to the financial institution account indicated in the tax preparation software for or yerded in the debit of the entry to this account. This payment of my federal taxes over do in this return and/or a pryment of settinated for, and the financial institution in closed in the tax preparation software for or yerded in the state of the payment of the preparation software for or yerded in the state of the payment of the preparation software for the preparation and the financial institutions involved in the processing of the electronic payment of the state of the payment of the payment of the text of the payment of the state of the payment of the text of the payment of the state of the payment of the text of the payment of the text of the payment of the state of the payment of the text of the payment of the state of the payment of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. I further acknowledge that the payment of the text of the payment of the electronic funds without enter all zeros wing the provide of the payment of t	, •							
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perliph, 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 whome you are declared that 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 longinator (ERO) to send my return to the IRS and to receive from the IRS (a) an activative declare that the amounts for Part I above are the mounts from the income tax return (original or amended) I am now authorizing. I consent the IRS (a) an activative declared in the amounts in Part I above are the mounts from the income tax return (original or amended) I am now authorizing and to the transmission, [b) the reason of the intermediate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for supment of my dederal taxes own withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact 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 1-88-335-4857. Payment cancellation requests the creeived 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 the care that the processing debit of the payment of the received no later than 2 business days prior to the payment of the care that the processing debit of the payment (and the processing of the electronic payment of the care that the processing debit of the processing of the electronic payment of the processing of th			-					
Part II								
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 processing the return or return, and an electric to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for residuon of the transmission, (b) the reason for any delay in processing the return or return, and (c) the date of any refund. If applicable, lauthorize 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 is 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, function to the payment of the payment of the tax of the cancel and the control 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	·				,001.			
Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete I, further declare that the amounts 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 (FEO) to send my return to the IPS and to receive from the IPS (a) an acknowledgement of receipt or reason for rejection, on the IPS (a) an acknowledgement of receipt or reason for rejection, on the IPS (a) an acknowledgement of receipt or reason for rejection, on the IPS (a) an acknowledgement of receipt or reason for rejection, on the IPS (a) an acknowledgement of response to reason for rejection in the IPS (a) an acknowledgement of response to the U.S. Treasury or financial institution account indication or payment of 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 (PIPI) below is my signature for the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   Spouse's PIN: check one box only □ I authorize  □ 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	Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of yo	our retu	rn)			
I authorize GLOBAL TAXES LLC	my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service prov to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or re for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finan authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involved the confidential information necessary to answer inquiries and resolve issues relatives personal identification number (PIN) below is my signature for the income tax return (original or an entering the settlement) and the properties and resolve issues relatives to the payment (PIN) below is my signature for the income tax return (original or an entering the properties and the properties are the properties and the properties and the properties are the properties are the properties and the properties are the properties are the properties are the properties	Part I above are the amider, transmitter, or electrons of for rejection of the transmitter that the transmitter th	ounts from the counts from the counts from the country to community the country to community the country to country the country that the country the country that the country	om the industry of the industr	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 yment of that the			
I authorize GLOBAL TAXES LLC								
ERO firm name signature on the income tax return (original or amended) I am now authorizing.    I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶  Spouse's PIN: check one box only   I authorize   to enter or generate my PIN   I authorize   to enter or generate my PIN   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. 2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	<u> </u>	generate my PIN	0 0	0   8	as mv			
Spouse's PIN: check one box only   I authorize   ERO firm name   signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizene Pin method. The ERO must complete Part III	ERO firm name	En Én			a.c,			
Spouse's PIN: check one box only	if you are entering your own PIN and your return is filed using the Practitioner							
I authorize	Your signature ▶	Date ▶						
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ERO firm name signature on the income tax return (original or amended) I am now authorizing.  ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature   ☐ 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.  ☐ 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		generate my PIN			as my			
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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	Part III Certification and Authentication — Practitioner PIN Method Onl	у						
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that	al income tax return (origing I am submitting this return	inal or a urn in ac	mended) I				
	<del>-</del>							

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

OMB No. 1545-0074

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

Filing Status Check only	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	ehold (HOF	l)		ifying survi ise (QSS)	ving
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If you	checke	ed the HOH or	r QSS	box, ente	r the c	hild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	number
THULASI AMARANENI 59								98-8	35-0008			
If joint return, sp	pouse's	first name and middle initial	Last na	me					Sp	ouse's	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.				n Campaign
_250 BELI	EVUE	E WAY NE						S118			ere if you, o if filing joint	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	te		code			this fund.	•
BELLEVUE					WA		+	004			ow will not	change
Foreign country	name			Foreign province/state	e/count	у	Fore	gn postal co	de yo	ur tax	or refund.	Spouse
Digital		y time during 2022, did you: (a) red										<b>V</b> .
Assets		ange, gift, or otherwise dispose of					asse	i)? (See ins	structio	ons.)	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindness	You:	Were born before January 2, 1	1958 [	Are blind Sp	ouse:	☐ Was bo		ore Janua			☐ Is bli	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (	4) Check th	e box if	qualif	ies for (see i	nstructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x credit	credit Credit for other depe		
than four dependents,												
see instructions	s ——							L				
and check here									<u> </u>			
<u> </u>	4 -	Tatal are a rest from Farma (a) M/O h	1 /	- :t						4-	1.4	
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not r	,	,					•	1a 1b	14	5,451.
Attach Form(s)	C	Tip income not reported on line 1a					•			1c		
W-2 here. Also	d	Medicaid waiver payments not re	•	,						1d		
attach Forms W-2G and	e	Taxable dependent care benefits		. ,					•	1e		
1099-R if tax	f	Employer-provided adoption bene		· ·	9.					1f		
was withheld.  If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		1i	i					
manuchoria.	z	Add lines 1a through 1h								1z	14	5,451.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interes	t .			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divide	nds			3b		
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	nt.			4b		
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	nt.			5b		
Deduction for— Single or	6a	Social security benefits	6a			axable amoun	nt.			6b	_	
Married filing separately,	С	If you elect to use the lump-sum e		•	•	,			. 📙			
\$12,950	7	Capital gain or (loss). Attach Sche		•					. 📙	7	1	
Married filing jointly or	8	Other income from Schedule 1, lir								8		2,330.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-	•						9	13	3,121.
\$25,900	10	Adjustments to income from Sche								10	1.0	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This i	•	-			•			11		3,121.
\$19,400 If you checked	12	Standard deduction or itemized  Qualified business income deduction				 5 A	•			12	+ - +	2,950.
any box under	13 14	Add lines 12 and 13					•			14	1	2 OF0
Standard Deduction,	15	Subtract line 14 from line 11. If ze								15		<u>2,950.</u> 0,171.
see instructions.		Castaot into 14 nom into 11. Il 26	. 5 01 105	o, onto: 0 . 11113 13	y car t					13		0,1/1.

Form 1040 (2022	2)					Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 📗	4972	3 🗌		16 22,677.		
Credits	17	Amount from Schedule 2, line 3				17		
	18	Add lines 16 and 17				<b>18</b> 22,677.		
	19	Child tax credit or credit for other dependents from Schedule 8812				19		
	20	Amount from Schedule 3, line 8			🔯	20		
	21	Add lines 19 and 20			:	21		
	22	Subtract line 21 from line 18. If zero or less, enter -0			:	22,677.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	Ι.,			<b>23</b> 0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>			:	22,677.		
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2		<b>25a</b> 25,	538.			
	b	Form(s) 1099		25b				
	С	Other forms (see instructions)		25c				
	d	Add lines 25a through 25c			2	25,538.		
lf	26	2022 estimated tax payments and amount applied from 2021 return				26		
If you have a qualifying child,	27	Earned income credit (EIC)	а.	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		28				
	29	American opportunity credit from Form 8863, line 8		29				
	30	Reserved for future use		30				
	31	Amount from Schedule 3, line 15		31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments a			;	32		
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>				25,538.		
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the				2,861.		
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached			. 🗆 🖪	35a 2,861.		
Direct deposit?	b				avings			
See instructions.	d	Account number 4 8 3 0 8 4 0 9 6 7 4 1	i					
	36	Amount of line 34 you want applied to your 2023 estimated tax .		36				
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instru	ictions .		;	37		
	38	Estimated tax penalty (see instructions)		38				
<b>Third Party</b>		you want to allow another person to discuss this return with th	ne IRS?					
Designee	ins	tructions		LYes. Con	nplete belo	ow. 🔀 <b>No</b>		
	De nai	signee's Phone no.		Person numbe	al identifica	tion		
0:		der penalties of perjury, I declare that I have examined this return and accompar	wing ook		,	hoot of my knowledge and		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpa						
Here	Yo	ur signature Date Your occu	upation		If the IR	S sent you an Identity		
						on PIN, enter it here		
Joint return?		12 2 11	RE DE	VELOPMENT ENGI		<u> </u>		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's	occupat	ion		S sent your spouse an Protection PIN, enter it here		
your records.								
		one no. (585)957-4955 Email address THULASI		JENTO7@CMATI COM	1,	<u>′                                     </u>		
		parer's name Preparer's signature	AMAKAN	NENI97@GMAIL.COM Date F	PTIN	Check if:		
Paid			י ד ד גלם:		024708			
Preparer				33				
Use Only		n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E BRUNSWICK NJ 0881				no. (678)965-9522		
0-1					Firm's E			
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		REV 03/22/23 PRO		Form <b>1040</b> (2022)		

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

THULASI AMARANENI

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

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

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

Sequence No. 01
Your social security number
598-85-0008

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-12,330.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	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			
	,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- /		
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	10 222
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.	or 1040-NR. line 8	10	-12,330.

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

Educator expenses   11	Par	Adjustments to Income			
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  3 IFA desclustion  3 IFA desclustion  3 IFA desclustion  4 IFA descl	11			11	
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  3 IFA desclustion  3 IFA desclustion  3 IFA desclustion  4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions):  20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions):  IRA deduction	19a			19a	
20   Student loan interest deduction   21   22   23   24   22   24   24   24   24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.  Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974.  Contributions to section 501(c)(18)(D) pension plans  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).  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  Housing deduction from Form 2555.  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).  Total other adjustments. List type and amount:  25  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount:  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions)  b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).  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 tax law violations  j Housing deduction from Form 2555.  k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).  z Other adjustments. List type and amount:  24i  24j  24k  25  Total other adjustments. Add lines 24a through 24z.  Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		249		
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 tax law violations	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

#### **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.

Department of the Treasury Internal Revenue Service

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

<b>2022</b>	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

Name(s) shown on return Your social security number THULASI AMARANENI 598-85-0008

Part	<b>Note:</b> If you are in the business of renting pers	onal property			<b>C</b> . See	instru	ctions. If you a	are an indivi	dual, rep	ort far	m
<b>A</b> [	rental income or loss from Form 4835 on page Did you make any payments in 2022 that would re		o file	Form(s) 1	0997 S	ee inc	structions			e X	No
	f "Yes," did you or will you file required Form(s)			` '							No
1a	Physical address of each property (street, city										
A	MANIKONDA HYDERABAD TELANGANA I										
В	PANTRONDA IIIDERADAD IEDANGANA I	.N 50000.									
C											
1b	Type of Property (from list below)  2 For each rental real es above, report the num					Fa	ir Rental Days	Persona Day		Q	JV
Α	personal use days. Ch	eck the QJ\	V box	conly [	Α		365		0		$\neg$
В	if you meet the require qualified joint venture.				В					[	
С	quaimed joint venture.	See mstruc	CHOIS	· [	С					[	
уре	of Property:										
	Single Family Residence 3 Vacation/Short- Multi-Family Residence 4 Commercial	-Term Renta	al	5 Land 6 Roya	lties		Self-Rental Other (desc	ribe)			
							Propert	es:			
ncom	e:				Α		В			С	
3	Rents received	[	3		5	20.					
4	Royalties received		4								
xper	ises:										
5	Advertising	_	5								
6	Auto and travel (see instructions)	-	6								
7	Cleaning and maintenance		7		1,3	50.					
8	Commissions		8								
9	Insurance	H	9								
10	Legal and other professional fees	-	10		1 0	F 0					
11 12	Management fees	-	11 12		1,2	50.					
13	Mortgage interest paid to banks, etc. (see instr Other interest	· -	13								
14	Repairs	H	14		3,1	50					
15	Supplies	-	15		3,2						
16	Taxes	-	16		- / -						
17	Utilities	H	17		3,8	50.					
18	Depreciation expense or depletion		18								
19	Other (list)		19								
20	Total expenses. Add lines 5 through 19		20		12,8	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (reresult is a (loss), see instructions to find out if file <b>Form 6198</b>	you must	21	_	-12,3	30.					
22	Deductible rental real estate loss after limitation Form 8582 (see instructions)		22		12,33		(	)(			
23a	Total of all amounts reported on line 3 for all re	ental propert	ties			23a		520.			
b	Total of all amounts reported on line 4 for all ro		rties		[	23b					
С	Total of all amounts reported on line 12 for all p	•				23c					
d	Total of all amounts reported on line 18 for all p	•				23d					
е	Total of all amounts reported on line 20 for all p				1	23e	12	2,850.			
24	<b>Income.</b> Add positive amounts shown on line			-				. 24			
25	Losses. Add royalty losses from line 21 and renta									12,3	30.
26	Total rental real estate and royalty income here. If Parts II, III, IV, and line 40 on page Schedule 1 (Form 1040), line 5. Otherwise, incl	2 do not a	pply	to you, a	also en	iter th	nis amount o			-12,	330.



# Instructions for Form IT-201-V

**Payment Voucher for Income Tax Returns** 

(12/22)

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

#### How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

#### Check or money order

- Make your check or money order payable in U.S. funds to New York State Income Tax.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and *Income Tax* on it.

#### Completing the voucher

Be sure to complete all information on the voucher.

- Enter the tax year from the income tax return you are filing and your entire SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address Enter the city, province, or state all in the City box, and the full country name in the Country box. Enter the postal code, if any, in the ZIP code box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.

You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

#### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS PERSONAL INCOME TAX PROCESSING CENTER PO BOX 4124 BINGHAMTON NY 13902-4124

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

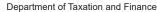
STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

					<b> </b>				 EV 01/27/3	 23 PRO
<b>STOP:</b> Pay this election our website.	ctronically				and Finance <b>ner for Income</b>	Tax Returns	NEW YORK STATE	IT-2	201	<b>-V</b>
Tax year (yyyy) 2022						<b>York State Income Tax</b> . Write he tax year, and <b>Income Tax</b> .	<b>B</b>		(	(12/22)
Your first name and m	niddle initial	Your	last name (for	a joint return, e	nter spouse's name on line below)	Your full SSN				
THULASI		AMA	ARANENI			598850008				
Spouse's first name a	nd middle initial	Spou	ıse's last nam	е		Spouse's <b>full</b> SSN (only if filing a joint	return)			
Mailing address					Apartment number	Country				
250 BELLEVUE	E WAY NE				S118					
City, village or post off	ice			State	ZIP code					
BELLEVUE				WA	98004			Dollars		Cents
			Email: THU	LASIAMAR	ANENI97@GMAIL.COM	Payment			56.	00

040001223555

For office use only





## New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name THULASI AMARANENI	Spouse's name (jointly filed return only)

#### **Purpose**

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

#### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part A	Tox		:	
$Part \Delta$	– IAY	return	intori	mation

1	Federal adjusted gross income (from applicable line)	1.	133121.
	Refund	2.	
3	Amount you owe	3.	56.
	Financial institution routing number	4.	
	Financial institution account number	5.	
6	Account type:   Personal checking Personal savings Business checking Business savings	ngs	

#### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

#### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

#### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 04012023

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Department of Taxation and Finance

# Nonresident and Part-Year Resident

**Income Tax Return** New York State • New York City • Yonkers • MCTMT

2022	For the year	January 1, 2022, throu	gh December	31, 2022, or fiscal	year beginning	ı		22	
	4 41 4 4		00.1		and ending	ıL			
or help completing your re									
Your first name and middle initial		t return, enter spouse's name	e on line below)	Your date of birth (mmdd		ocial Securi	-		
THULASI	AMARANENI			0715199	_		50008		
Spouse's first name and middle initial	Spouse's last name			Spouse's date of birth (mi	n (mmddyyyy) Spouse's Social Security number				
Mailing address (see instructions) (nu	  Imber and street or PO Box	()		Apartment numb	er New Yo	ork State co	ounty of residence	се	
250 BELLEVUE WAY NE				S118	NR				
City, village, or post office	Stat	e ZIP code	Country		School	district nam	те		
BELLEVUE	WA	98004	UNITED	STATES	NR				
Taxpayer's permanent home addres	SS (see instructions) (no. and	d street or rural route)	Apartment no.	City, village, or po	ost office	School dis	strict	_	
State ZIP code C	ountry			Decedent	Taxpayer's date o	code nur of death Sp		dea	
				information					
A Filing ① X Single				onkers part-year i	-				
status			(*	<ol> <li>Did you receive a credit? (see instru</li> </ol>			as No		
(mark an ② Married (enter bo	filing joint return th spouses' Social Security	y numbers above)		credit: (see msnu	Clions)		<u> </u>		
<b>X</b> in one			(2	2) Enter the amoun	t			.0	
(enter box	filing separate return th spouses' Social Security	numbers above)	ΕN	ew York City part	-year resident	s only	_		
④ Head of	f household <i>(with qualit</i>	ying person)	(*	I) Number of montl	hs <b>you</b> lived in	NY City in	2022		
			(2	2) Number of montl in NY City in 202				_	
	ng surviving spouse		FE	nter your <b>2-charac</b>				_	
<b>B Did you itemize</b> your deduct federal income tax return?		Yes No No	< c	ode(s) if applicab	le	[	L_	_	
C Can you be claimed as a de			_	ew York State par nter the date you n	-	its 			
taxpayer's federal return?		Yes L No L	* 1	r out of NYS (mmdd					
D1 Did you have a financial according foreign country?		Yes No	``	on the last day of th Lived in NYS	• .			. [	
			2	) Lived outside NY NYS sources du				Г	
			3	) Lived outside NY NYS sources du	'S; received no	income from	om	Г	
Matana na panjaranjenakana			Но	id you or your spor	ŭ	it poriou		_	
				ving quarters in NY fYes, complete Form		Ye	s No	Ŀ	
Dependent information									
First name and middle initial	Last name	Relati	onship	Social Secur	ity number	Date o	of birth (mmddy)	ууу)	
						+			
f more than 6 dependents, mark a	an X in the box.								
203001223555		For office use of	only						
203001223555		. 5. 565 436 6							

REV 01/27/23 PRO

Federal amount

598850008

Fe	deral income and adjustments		Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc.	1	145451.00	1	986.0
	Taxable interest income	2	.00	2	.0
	Ordinary dividends	3	.00	3	.0
	Taxable refunds, credits, or offsets of state and local		100		
	income taxes (also enter on line 24)	4	.00	4	.0
5	Alimony received	5	.00	5	.0
	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.0
7		7	.00	7	.0
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.0
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box	9	.00	9	.0
0	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box	10	.00	10	.0
1	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-12330.00	11	.0
12	Rental real estate included	1			
	in line 11 (federal amount) 1212330 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.0
14	Unemployment compensation	14	.00	14	.0
5	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.0
6	Other income Identify:	16	.00	16	<b>.</b> C
7	Add lines 1 through 11 and 13 through 16	17	133121.00	17	986.0
18	Total federal adjustments to income				
	ldentify:	18	.00	18	.0
19	Federal adjusted gross income (subtract line 18 from line 17)	19	133121.00	19	986.0
)a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	133121.00	19a	986.0
<b>le</b>	w York additions				
20	Interest income on state and local bonds and obligations				
	(but not those of New York State or its localities)		.00	20	.0
	Public employee 414(h) retirement contributions	21	.00	21	.0
	Other (Form IT-225, line 9)	22	.00	22	.0
23	Add lines 19a through 22	23	133121.00	23	986.0
le	w York subtractions				
24	Taxable refunds, credits, or offsets of state and				
	local income taxes (from line 4)	24	.00	24	.0
25	Pensions of NYS and local governments and the				
	federal government	25	.00	25	.0
26		26	.00	26	.0
27	Interest income on U.S. government bonds	27	.00	27	.0
	Pension and annuity income exclusion	28	.00	28	.0
28					
	-	29	.00	29	.0
28 29 30	Other (Form IT-225, line 18)	29 30	.00.	30	.0





32 Enter the amount from line 31, Federal amount column

133121.00

**New York State amount** 

Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2022)	Page 3 of 4
THULASI AMARANENI	598850008	REV 01/27/23 PRO	
Standard deduction or itemized deduction			

00	Enter your standard deduction of your itemized deduction (	101111 01111 11-130)	<i>,</i> .		
	Mark an <b>X</b> in the appropriate box: X	standard – or -	_ Itemized	33	800.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave			34	125121.00
	Dependent exemptions (enter the number of dependents listed in	•		35	000.00
	New York taxable income (subtract line 35 from line 34)		,	36	125121.00
Та	x computation, credits, and other taxes				
37	New York taxable income (from line 36)			37	125121.00
38	New York State tax on line 37 amount			38	7557.00
39	New York State household credit			39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave b.	lank)		40	7557.00
41	New York State child and dependent care credit			41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave b.	lank)		42	7557.00
43	New York State earned income credit			43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42,	leave blank)		44	7557.00
45	Income New York State amount from line 31	Federal amount f	rom line 31		Round result to 4 decimal places
	percentage 986.00 ÷		133121.00	45	0.0074
46	Allocated New York State tax (multiply line 44 by the decimal on line	e 45)		46	56.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)			47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave b	lank)		48	56.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)			49	.00
50	Total New York State taxes (add lines 48 and 49)			50	56.00
Ne	w York City and Yonkers taxes, credits, and surcharges, and	MCTMT			
_				1	
	Part-year New York City resident tax (Form IT-360.1) 5'	l	.00	J	See instructions to compute
52	Part-year resident nonrefundable New York City			1	New York City and Yonkers taxes, credits, and
	child and dependent care credit		.00	4	surcharges, and MCTMT.
	Subtract line 52 from 51	a	.00	J	caronargos, and mormin
<b>52</b> b	MCTMT net				
	earnings base 52b .00			1	
	MCTMT	+	.00	1	
	Yonkers nonresident earnings tax (Form Y-203)	3	.00	J	
54	Part-year Yonkers resident income tax surcharge	<b>.</b> I		1	
	(Form IT-360.1)		.00		
55	Total New York City and Yonkers taxes / surcharges and MCTM	IT (add lines 52a,	and 52c through 54)	55	.00
56	Sales or use tax (Do not leave blank.)			56	0.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)			57	.00
	Total New York State, New York City, Yonkers, and sales of			31	.00
50	and voluntary contributions (add lines 50, 55, 56, and 57)	i use taxes, IVI	O 1 101 1,	58	56 00





REV 01/27/23 PRO

598850008

59 Enter amount from line 58			59	56.00
Payments and refundable credits				
60 Part-year NYC school tax credit (fixed amount) (also complete E on front) 60a NYC school tax credit (rate reduction amount)	60a 61 62 63 64 65	.00 .00 .00 .00 .00 .00	Form(s) I and subm return. Do not se	ole, complete T-2 and/or IT-1099-R it them with your end federal with your return.
Your refund, amount you owe, and account information	Jugii 00,			0.00
<ul> <li>67 Amount overpaid (if line 66 is more than line 59, subtract line 68 Amount of line 67 available for refund (subtract line 69 from TIP: Use this amount to check your refund status online.</li> <li>68a Amount of line 68 that you want to deposit into a NYS 529 account</li> </ul>	m line 67)	4) (also submit Form IT-195)		.00
68b Total refund after NYS 529 account deposit (subtract line 68	,		68b	.00
<ul> <li>Mark one refund choice: direct deposit to savings account</li> <li>69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)</li> <li>70 Amount you owe (if line 66 is less than line 59, subtract line 6 funds withdrawal, mark an X in the box and fill in line 1.</li> </ul>	(fill in line 73)  69 66 from line 59).	.00 To pay by electronic	easiest, fa refund.	Direct deposit is the astest way to get your uctions for payment
or money order you must complete Form IT-201-V and			70	56.00
<ul> <li>71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)</li> <li>72 Other penalties and interest</li> <li>73 Account information for direct deposit or electronic funds of the funds for your payment (or refund) would come from (</li> </ul>	withdrawal.	.00 .00	proper as return.	uctions for the sembly of your
	rsonal savings -		ecking - or -	Business savings
73b Routing number 736	c Account numb	er		
74 Electronic funds withdrawal	Date	Amoun	t	.00
Third-party designee? (see instr.)  Yes No X Email:	De (	esignee's phone number		Personal identification number (PIN)
▼ Paid preparer must complete ▼ Preparer's NYTPRIN N	YTPRIN	▼ Taxpa	yer(s) must si	gn here ▼
(see instructions) Preparer's signature VENKATA SAI PAVAN KUMAR PROPARE VENKATA SAI PAVAN KUMAR	xcl. code   0   9	Your signature	yor(o) made of	
Firm's name (or yours, if self-employed)  Preparer's PT		Your occupation SOFTWARE DEV	ELODMENT F	!NGT
Address Employer ider	ntification number	Spouse's signature and		
245 ROONEY CT	145487 ate	Date		phone number
E BRUNSWICK NJ 08816  Email: SYAM@GTAXFILE.COM	04012023	Email: THULASIAI		957 4955 @GMAIL.COM

See instructions for where to mail your return.







Department of Taxation and Finance

# Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

	Box c	Employer's information							
W-2 Record 1	Emplo	yer's name							
Box a Employee's Social Security number	AMA	ZON COM SERVI	CES	LLC					
or this W-2 Record	Emplo	yer's address (number and	d street	t)					
598850008	PO	BOX 80726							
<b>Box b</b> Employer identification number (EIN)	1				State	ZIP code	Co	untry	
820544687	SEA	TTLE			WA	98108			
Box 1 Wages, tips, other compensation	Box 12a /	Amount		Code	Box	14a Amount			Description
144465.00		125.0	00	C				.00	
Box 8 Allocated tips	Box 12b /	Amount		Code	Box	14b Amount			Description
.00		4300.0	00	D				.00	
Box 10 Dependent care benefits	Box 12c /	Amount		Code	Box	14c Amount			Description
.00.		7821.0	00	DD				.00	
Box 11 Nonqualified plans	Box 12d /	Amount		Code	Box	14d Amount			Description
.00.		.(	00					.00	
3ox 13 Statutory employee Retire	ment plan	Third-party sick p			<b>D</b>	<b>7</b> - NVO: 4	20.1		Corrected (W-2c)
NY State information: Box 15a	NIV	Box 16a NYS wages, ti	ıps, eti		BOX 1	7a NYS income ta			
NY State	NIY	Pov 16h Other -t-t-	2000	.00	Den 1	7b Other state in		.00	
Other state information: Box 15b		Box 16b Other state wa	ages, 1		Box 1	<b>7b</b> Other state inco			
other state				.00				.00	
	18 Local w	ages, tips, etc.		Вох	19 Loca	I income tax withhe	eld		Box 20 Locality name
nformation (see instr.):		.00	Loca	ality a			.00	Locality a	
Locality b		.00	Loca	ality b			.00	Locality b	
W-2 Record 2  Box a Employee's Social Security number or this W-2 Record		'AIL BUSINESS  yer's address (number and			LLC				
598850008	1	· · · · · · · · · · · · · · · · · · ·	Joureer						
396630006  Box b Employer identification number (EIN)	·	U EAEULIDEAU D	D T 7	,					
	City	0 EXECUTIVE D	RIV	E .	State	7IP code	Co	untry	
	1 -		RIV	E .	State	ZIP code	Co	ountry	
273756754	SAL	ISBURY	RIV	Æ	NC	28147	Co	ountry	Description
Box 1 Wages, tips, other compensation	1 -	ISBURY Amount		Code	NC				Description Man DEMI
Box 1 Wages, tips, other compensation 986.00	SAL Box 12a	ISBURY Amount		Code	NC Box	28147 14a Amount		ountry	MA PFML
30x 1 Wages, tips, other compensation 986.00	SAL	ISBURY Amount 1.0	00	Code	NC Box	28147		3.00	
30x 1 Wages, tips, other compensation 986.00 30x 8 Allocated tips	Box 12b	ISBURY  Amount  1.(  Amount	00	Code C C Code	NC Box	28147 : <b>14a</b> Amount : <b>14b</b> Amount			MA PFML Description
30x 1 Wages, tips, other compensation 986.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits	SAL Box 12a	ISBURY  Amount  1.0  Amount .0	00	Code	NC Box Box	28147 14a Amount		.00	MA PFML
30x 1 Wages, tips, other compensation 986.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00	Box 12a /	ISBURY  Amount  1.0  Amount .0  Amount	00	Code Code Code Code	NC Box Box	28147 14a Amount 14b Amount 14c Amount		3.00	MA PFML  Description  Description
30x 1 Wages, tips, other compensation 986.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans	Box 12b	Amount  1.( Amount .( Amount .( Amount	00	Code C C Code	NC Box Box	28147 : <b>14a</b> Amount : <b>14b</b> Amount		.00	MA PFML Description
30x 1 Wages, tips, other compensation 986.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00	Box 12a /	Amount  1.( Amount .( Amount .( Amount	00	Code Code Code Code	NC Box Box	28147 14a Amount 14b Amount 14c Amount		.00	MA PFML Description Description
30x 1 Wages, tips, other compensation 986.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00	Box 12a /	Amount  Amount  Amount  Amount  Amount  Amount  Third-party sick	00 00 00 00 pay	Code Code Code Code Code	BOY BOY BOY	28147  14a Amount  14b Amount  14c Amount  14d Amount		.00	MA PFML  Description  Description
30x 1 Wages, tips, other compensation 986.00  30x 8 Allocated tips .00  30x 10 Dependent care benefits .00  30x 11 Nonqualified plans .00  30x 13 Statutory employee Retire	Box 12b // Box 12c // Box 12d //	Amount  Amount  Amount  Amount  Amount  .(	00 00 00 00 pay	Code Code Code Code Code Code Code	BOY BOY BOY	28147 14a Amount 14b Amount 14c Amount	ax withheld	.00	MA PFML  Description  Description  Description
30x 1 Wages, tips, other compensation 986.00  30x 8 Allocated tips .00  30x 10 Dependent care benefits .00  30x 11 Nonqualified plans .00  30x 13 Statutory employee Retire	SAL Box 12a / Box 12b / Box 12c / Box 12d /	Amount  Amount  Amount  Amount  Third-party sick p	000 000 000 pay pay pps, etc	Code Code Code Code Code Code Code	Box 1	28147  14a Amount  14b Amount  14c Amount  14d Amount	ax withhelc	.00	MA PFML  Description  Description  Description
30x 1 Wages, tips, other compensation 986.00  30x 8 Allocated tips .00  30x 10 Dependent care benefits .00  30x 11 Nonqualified plans .00  30x 13 Statutory employee Retire NY State information: Box 15a NY State	Box 12b // Box 12c // Box 12d //	Amount  Amount  Amount  Amount  Amount  Amount  Third-party sick	000 000 000 pay 9	Code Code Code Code Code Code Code	Box 1	28147  14a Amount  14b Amount  14c Amount  14d Amount	ax withhelc	.00 .00 .00	MA PFML  Description  Description  Description
30x 1 Wages, tips, other compensation 986.00  30x 8 Allocated tips .00  30x 10 Dependent care benefits .00  30x 11 Nonqualified plans .00  30x 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Box	Box 12b / Box 12c / Box 12d /	Amount  Amount  Amount  Amount  Third-party sick p	000 000 000 pay 9	Code Code Code Code Code Code Code Code	Box 1 Box 1	28147  14a Amount  14b Amount  14c Amount  14d Amount	ax withheld 0 me tax with 49	.00 .00 .00	MA PFML  Description  Description  Description
Box 1 Wages, tips, other compensation 986.00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire  NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12b / Box 12c / Box 12d /	Amount  Amount  Amount  Amount  Third-party sick    Box 16a NYS wages, til  Box 16b Other state wa	000 000 000 pay pay pages, etc	Code Code Code Code Code Code Code Code	Box 1 Box 1	28147  14a Amount  14b Amount  14c Amount  14d Amount  7a NYS income ta	ax withheld 0 me tax with 49	.00 .00 .00	MA PFML  Description  Description  Corrected (W-2c)





#### **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.

Department of the Treasury Internal Revenue Service

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

<b>2022</b>	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

Name(s) shown on return Your social security number THULASI AMARANENI 598-85-0008

Part	<b>Note:</b> If you are in the business of renting pers	onal property			<b>C</b> . See	instru	ctions. If you a	are an indivi	dual, rep	ort far	m
<b>A</b> [	rental income or loss from Form 4835 on page Did you make any payments in 2022 that would re		o file	Form(s) 1	0997 S	ee inc	structions			e X	No
	f "Yes," did you or will you file required Form(s)			` '							No
1a	Physical address of each property (street, city										
A	MANIKONDA HYDERABAD TELANGANA I										
В	PANTRONDA HIDERADAD TEDARCANA I	.N 50000.									
C											
1b	Type of Property (from list below)  2 For each rental real es above, report the num					Fa	ir Rental Days	Persona Day		Q	JV
Α	personal use days. Ch	eck the QJ\	V box	conly [	Α		365		0		$\neg$
В	if you meet the require qualified joint venture.				В					[	
С	quaimed joint venture.	See mstruc	CHOIS	· [	С					[	
уре	of Property:										
	Single Family Residence 3 Vacation/Short- Multi-Family Residence 4 Commercial	-Term Renta	al	5 Land 6 Roya	lties		Self-Rental Other (desc	ribe)			
							Propert	es:			
ncom	e:				Α		В			С	
3	Rents received	[	3		5	20.					
4	Royalties received		4								
xper	ises:										
5	Advertising	_	5								
6	Auto and travel (see instructions)	-	6								
7	Cleaning and maintenance		7		1,3	50.					
8	Commissions		8								
9	Insurance	H	9								
10	Legal and other professional fees	-	10		1 0	F 0					
11 12	Management fees	-	11 12		1,2	50.					
13	Mortgage interest paid to banks, etc. (see instr Other interest	· -	13								
14	Repairs	H	14		3,1	50					
15	Supplies	-	15		3,2						
16	Taxes	-	16		- / -						
17	Utilities	H	17		3,8	50.					
18	Depreciation expense or depletion		18								
19	Other (list)		19								
20	Total expenses. Add lines 5 through 19		20		12,8	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (reresult is a (loss), see instructions to find out if file <b>Form 6198</b>	you must	21	_	-12,3	30.					
22	Deductible rental real estate loss after limitation Form 8582 (see instructions)		22		12,33		(	)(			
23a	Total of all amounts reported on line 3 for all re	ental propert	ties			23a		520.			
b	Total of all amounts reported on line 4 for all ro		rties		[	23b					
С	Total of all amounts reported on line 12 for all p	•				23c					
d	Total of all amounts reported on line 18 for all p	•				23d					
е	Total of all amounts reported on line 20 for all p					23e	12	2,850.			
24	<b>Income.</b> Add positive amounts shown on line			-				. 24			
25	Losses. Add royalty losses from line 21 and renta									12,3	30.
26	Total rental real estate and royalty income here. If Parts II, III, IV, and line 40 on page Schedule 1 (Form 1040), line 5. Otherwise, incl	2 do not a	pply	to you, a	also en	iter th	nis amount o			-12,	330.



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Pavanua

0000

	the year January	/ 1-December 31, 20		
Loot			)22.	
Lasi	name	You	r Social Security number	
		59	98850008	
Last	name	Spo	use's Social Security nu	mber
State	Zip			Married filing jointly
WA	98004	Ом	arried filing separately	O Head of household
orm 1-NR/PY, line line 38, or Form IR/PY, line 57)	e 38)		3	49
ve reviewed the ir th the amounts si that my return, in my Electronic Ret epted. In the ever	hown on my 2022 Icluding this decla urn Originator. I a In that it is rejected	Massachusetts retur ration and accompan uthorize DOR to infor	n. To the best of my k ying schedules, forms m my Electronic Retu identify the reasons for	nowledge and belief s and statements be rn Originator and/or
J i	State WA  Electronic F 1-NR/PY, line 12) Form 1-NR/PY, line orm 1-NR/PY, line Iline 38, or Form IR/PY, line 57). ne 58)  f Taxpayer ve reviewed the in the amounts s that my return, in my Electronic Ret	WA 98004  Electronic Filing  1-NR/PY, line 12)	State Zip Filing status: Simular 98004  State Jap Filing status: Simular 98004  State	State       Zip       Filing status:       Single         WA       98004       Married filing separately         Electronic Filing       1-NR/PY, line 12)       1         1-Form 1-NR/PY, line 36)       2         sorm 1-NR/PY, line 38)       3         line 38, or Form 1-NR/PY, line 42)       4         JR/PY, line 57)       5         ne 58)       6

#### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

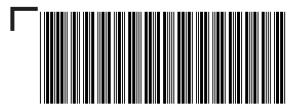
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if
		04012023	882145	5487	self-employed
Firm name (or yours, if self-employed	d) and address	City/Town	State	Zip	O Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

#### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02470833	04012023	882145	487	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
VENKATA SAI PAVAN KUMAR DUDIPALLI 245 ROONEY CT	E BRUNSWICK	NJ	08816	





#### **2022 Form 1-NR/PY**

MA22006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2022 or other taxable Year beginning

THULASI **AMARANENI** 598850008

250 BELLEVUE WAY NE WA 98004 BELLEVUE

S118

Fill in if: Amended return Other jurisdiction change Enter date of change

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse Fill in if name change You Spouse

Check one: X Nonresident Filing as both nonresident and part-year resident

> Part-year resident Nonresident composite Fill in if noncustodial parent

133121 Fill in if filing Schedule TDS a. Total federal income b. Federal adjusted gross income 133121 Fill in if filing Schedule FCI

1. Filing status (select one only): X Single

3. Total days as Massachusetts resident

Married filing jointly

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

 $\div 365 =$ 

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

585-957-4955

Fill in if reporting crypto currency

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





## 2022 Form 1-NR/PY, pg. 2

MA22006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 598850008

Exemptions:						
a. Personal exemptions					4a	4400
b. Number of dependents. (Do not	include yours	self or your spouse.)	Enter number		$\times$ \$1,000 = <b>4b</b>	
c. Age 65 or over before 2023	You +	Spouse =			$\times$ \$700 = <b>4c</b>	
d. Blindness	You +	Spouse =			$\times$ \$2,200 = <b>4d</b>	
e. Medical/dental					4e	
f. Adoption					4f	
g. Total exemptions. Add items 4a t	hrough 4f. E	nter here and on line	22a		4g	4400
Wages, salaries, tips					5	986
Taxable pensions and annuities					6	
Mass. bank interest: a.		– b. exemp	otion		= 7	
Business/profession income/loss a		+ b. Farmi	ng income/loss			
					= 8	
Rental, royalty and REMIC, partners	ship, S corp.	, trust income/loss			9	-12330
Unemployment					10a	
Mass. lottery winnings					10b	
Other income					11	
TOTAL 5.0% INCOME					12	-11344
NONRESIDENT APPORTIONMEN	IT WORKSH	EET. You cannot app	oortion Mass. w	ages as shown o	n Form W-2. Do not use this	worksheet if you know the
exact amount of your Mass. source	income. Onl	y use when income		nt/business is ea	rned both inside and outside	Mass. and the exact
Mass. amount is not known. Basis:		working days	miles	sales	other:	
Working days (or other basis) outside	de Massachı	ısetts			13a	
Working days (or other basis) inside	e Massachus	etts			13b	
Total working days					13c	
Nonworking days (holidays, weeker	nds, etc.)				13d	
Massachusetts ratio					13e	
Total income being apportioned. Yo	u cannot app	ortion Massachuset	ts wages as sh	own on Form W-2	2 13f	
Massachusetts income					13g	
	a. Personal exemptions b. Number of dependents. (Do not c. Age 65 or over before 2023 d. Blindness e. Medical/dental f. Adoption g. Total exemptions. Add items 4a t Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a. Business/profession income/loss a Rental, royalty and REMIC, partner Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMEN exact amount of your Mass. source Mass. amount is not known. Basis: Working days (or other basis) outsid Working days (or other basis) inside Total working days Nonworking days (holidays, weeker Massachusetts ratio Total income being apportioned. Yo	a. Personal exemptions b. Number of dependents. (Do not include yourse.) c. Age 65 or over before 2023 You + d. Blindness You + e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. En Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a. Business/profession income/loss a.  Rental, royalty and REMIC, partnership, S corp. Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSH exact amount of your Mass. source income. Onl Mass. amount is not known. Basis: Working days (or other basis) outside Massachus Total working days Nonworking days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot app	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) c. Age 65 or over before 2023 You + Spouse = d. Blindness You + Spouse = e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemptions. Add items 4a through 4f. Enter here and on line Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemptions b. Farmition incomes/loss a. + b. Farmition incomes/loss a. + b. Farmition income/loss Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apprexact amount of your Mass. source income. Only use when income Mass. amount is not known. Basis: working days Working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Total working days Nonworking days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2023 You + Spouse = d. Blindness You + Spouse = e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemption Business/profession income/loss a. + b. Farming income/loss  Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. we exact amount of your Mass. source income. Only use when income from employme Mass. amount is not known. Basis: working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Working days (no other basis) inside Massachusetts Total working days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts wages as she	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2023 You + Spouse = d. Blindness You + Spouse = e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemption Business/profession income/loss a. + b. Farming income/loss  Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown of exact amount of your Mass. source income. Only use when income from employment/business is ear Mass. amount is not known. Basis: working days miles sales Working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Total working days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2	a. Personal exemptions  b. Number of dependents. (Do not include yourself or your spouse.) Enter number

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





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## 2022 Form 1-NR/PY, pg. 3

MA22006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

TF	IULASI	AMARANENI	598850008		
14. 15a. 15b.	NONRESIDENT DEDUCTION AND a. Total 5.0% income b. Interest income c. Total capital gain income d. Total income this return e. Non-Massachusetts source incom f. Total income g. Deduction and exemption ratio Amount paid to Soc. Sec. Medicare, Amount your spouse paid to Soc. Sec. Reserved for future use	ne. <b>Not less than "0"</b> R.R., U.S. or Mass. Retirement	Retirement	14a 14b 14c 14d 14e 14f 14g 15a 15b	145451 145451
17.	Reserved for future use			17	
18.	Rental deduction. a.  Nonresidents, fill in if during 2022 you intend to return in the future	ou did not have a family home or an	y dwelling outside Massachusetts	÷ 2 = <b>18</b> to which you generally or cust	omarily returned or
19.	Other deductions from Schedule Y, li	ine 19		19	
20.	Total deductions. Add lines 15 thro			20	
21.	5.0% INCOME AFTER DEDUCTION		ot less than "0"	21	
22.	Exemption amount. a.	4400		22	
23.	5.0% INCOME AFTER EXEMPTION		ot less than "U"	23	
24. 25.	INTEREST AND DIVIDEND INCOM TOTAL TAXABLE 5.0% INCOME. A	_		24 25	
26.	TAX ON 5.0% INCOME. Note: If cho		fill in and multiply line 25 and the	20	
_0.	S. C.	sooning and optional oloo to tax rate,	iii iii and malapiy iiio 20 and tilo		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

amount in Schedule D, line 21 by .0585





## 2022 Form 1-NR/PY, pg. 4

MA22006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 598850008

27.	12% INCOME. Not less than "0." a.		× .12 = <b>27</b>	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedu	le D-IS	28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.		32	
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from lines.	e 32. Not less than "0"	36	
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	Amended return only. Overpayment from original return		40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add li	nes 36 through 40	41	
42.	a. Massachusetts income tax withheld from Form(s) W-2 42	a	49	
	b. Massachusetts income tax withheld from Form(s) 1099 42	b		
	c. Massachusetts income tax withheld from other forms 42	C		
	Total. Add lines 42a through 42c		42	49

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## 2022 Form 1-NR/PY, pg. 5

MA22006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
598850008

43.	2021 overpayment applied to your 2022 estimated tax	43
44.	2022 Massachusetts estimated tax payments	44
45.	Payments made with extension	45
46.	Amended return only. Payments made with original return. Not less than	1"0" 46
47.	1 7 3	at from U.S. return $\times .30 = c$ .
	Part-year residents, multiply line 47c by line 3	47
	Note: You cannot claim the Earned Income Credit if your filing status is m	arried filing separately unless you qualify
	for an exception (see instructions). Fill in if you qualify for this exception	
	Senior Circuit Breaker Credit	48
49.	Child under age 13, or disabled dependent/spouse credit	49
50.	Dependent member(s) of household under age 12, or dependent(s) age 6	5 or over (not you or your spouse)
	as of December 31, 2022 credit.	
		year residents multiply line 50b by line 3 = <b>50</b>
• • •	Other Refundable Credits	51
52.	Total Refundable Credits. Add lines 47 through 51	52
53.	Excess Paid Family Leave Withholding	53
	TOTAL. Add lines 42 through 46 and lines 52 and 53	54 49
	Overpayment. Subtract line 41 from line 54	55 49
	Amount of overpayment you want applied to your 2023 estimated tax	56 57
57.	<b>Refund.</b> Subtract line 56 from line 55. Mail to: Massachusetts DOR, PO E	Sox 7000, Boston, MA 02204 57 4.9
	Direct deposit of refund. Type of account X checking	
	savings	
F	RTN# 021000322 account# 483084096741	
58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. D	OR, PO Box 7003, Boston, MA 02204 58
	Interest Penalty M-2210	) amt. EX enclose
		Form M-2210
-	he Department of Revenue discuss this return with the preparer shown her	
	ot want preparer to file my return electronically	(this may delay your refund) Paid preparer's
	paid preparer's name	Date Check if self-employed SSN/PTIN
	IKATA SAI PAVAN KUMAR DUDIPALLI	04012023 P02470833
Paid	preparer's signature	Paid preparer's phone Paid preparer's EIN
		678-965-9522 88-2145487

VENKATA SAI PAVAN KU BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





**2022 Schedule INC** MA22INC011555

THULASI AMARANENI 598850008

### Form W-2 and 1099 Information

A. FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING 273756754 49 986 W2

TOTALS 49 986





## 2022 Schedule NTS-L-NRPY

MA22021011555 No Tax Status and Limited Income Credit 598850008

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1.	Total 5.0% income	1	
2.	Adjustments to income	2	
3.	Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	
4.	Interest exemption used	4	
5.	Adjusted gross interest, dividends and certain capital gains	5	
6.	Long-term capital gain	6	
7.	Additional income/loss while a nonresident/part-year resident	7	145451
8.	Total income. Combine lines 3 through 7	8	145451
9.	Additional adjustments to income while a nonresident/part-year resident	9	
10.	Massachusetts Adjusted Gross Income (AGI)	10	145451
	If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and		
	add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b)		
	by \$1,000 and add \$14,400 to that amount	11	
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of depender	its (from Form 1	-NR/PY, line 4b)
	by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-	NR/PY, line 4b) I	oy \$1,750
	and add \$25,200 to that amount	12	
13.	No Tax Status threshold	13	
14.	Income for Limited Income Credit	14	
15.	Tax before adjustments	15	
16.	Tax for Limited Income Credit	16	
17.	Limited Income Credit	17	





**2022 Schedule E** MA22013041555

THULASI AMARANENI 598850008

## **Income or Loss from Real Estate and Royalties**

#### Income

1.	Rents received	1	520
_ 2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1350
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	1250
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	3150
13.	Supplies	13	3250
14.	Taxes	14	
15.	Utilities	15	3850
16.	Other expenses	16	
17.	Add lines 3 through 16	17	12850
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	12850
20.	Income or loss from rental real estate or royalty properties	20	-12330
21.	Deductible rental real estate loss	21	-12330
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-12330
24.	Rental real estate and royalty income or loss	24	-12330





## 2022 Schedule E, pg. 2

MA22013051555

598850008

Inco	ome or Loss from Partnerships and S Corporations	
25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	7,	45
46.	Interest and dividends if included in line 45	46
	Adjustments to 5.0% income	47
	Subtotal. Combine lines 46 and 47	48
	Income or loss from grantor type and non-Mass estates and trusts	49
	ome or Loss from REMICs	
	Excess inclusion	50
51.		51
52.	Income	52
53	Combine lines 51 and 52	53





## 2022 Schedule E, pg. 3

MA22013061555

598850008

## **Farm Income**

54	
55	-12330
56	
57	
58	-12330
	55 56 57





**2022 Schedule E-1** MA22013011555

THULASI AMARANENI 598850008

PLOT NO:J-11, FIRST FLOOR RO

MANIKONDA HYDERABAD

Check one: X Real estate Royalty X Rental property used for short-term rentals

## **Income or Loss from Real Estate and Royalties**

Inco	ome		
1.	Rents received	1	520
2.	Royalties received	2	
Ехр	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1350
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	1250
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	3150
13.	Supplies	13	3250
14.	Taxes	14	
15.	Utilities	15	3850
16.	Other expenses	16	
17.	Add lines 3 through 16	17	12850
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	12850
20.	Income or loss from rental real estate or royalty properties	20	-12330
21.	Deductible rental real estate loss	21	-12330
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-12330
24.	Rental real estate and royalty income or loss	24	-12330

**25.** Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value

#### **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.

Department of the Treasury Internal Revenue Service

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

<b>2022</b>	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

Name(s) shown on return Your social security number THULASI AMARANENI 598-85-0008

Part	Note: If you are in the business of renting personal prope	rty, use		<b>c</b> . See	instru	ctions. If you a	are an indivi	dual, rep	ort farı	m	
<b>A</b> [	rental income or loss from <b>Form 4835</b> on page 2, line 40.		Form(e) 1	10992 9	ee inc	structions			e 😿	No	
	, , , , , , , , , , , , , , , , , , , ,	ayments in 2022 that would require you to file Form(s) 1099? See instructions									
 1a	Physical address of each property (street, city, state, ZI								<u> </u>		
A	MANIKONDA HYDERABAD TELANGANA IN 500089										
В	INTERCOLOR INDUSTRIAL THE SOURCE										
C											
1b					Fa	ir Rental Days	Personal Use Days		QJV		
Α	personal use days. Check the Q				365		0				
В	if you meet the requirements to								[	ī	
С	qualified joint venture. See instru									5	
уре	of Property:										
	Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)				
						Propert	es:				
ncom	e:			Α		В			С		
3	Rents received	3		5	20.						
4	Royalties received	4									
xper											
5	Advertising										
6	Auto and travel (see instructions)	_									
7	Cleaning and maintenance			1,3	50.						
8	Commissions										
9	Insurance	_									
10	Legal and other professional fees	_		1 0	- 0						
11	Management fees	11		1,2	50.						
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest										
14	Repairs	_		3,1	50						
15	Supplies	_		3,2							
16	Taxes			3,2	30.						
17	Utilities	_		3,8	50.						
18	Depreciation expense or depletion										
19	Other (list)										
20	Total expenses. Add lines 5 through 19	20		12,8	50.						
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 file <b>Form 6198</b>			-12,3	30.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			12,33		(	)(				
23a	Total of all amounts reported on line 3 for all rental proper	erties			23a		520.				
b	Total of all amounts reported on line 4 for all royalty prop			[	23b						
С	Total of all amounts reported on line 12 for all properties				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			ı	23e	12	2,850.				
24	Income. Add positive amounts shown on line 21. Do no		-				. 24				
25	Losses. Add royalty losses from line 21 and rental real esta							-	12,3	30.	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also en	ter th	nis amount o			-12,	330.	