Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

898-87-3312 312-93-7287
PRITHVI GOUD PAGADALA
BRAHMINI EDULAKANTI
2950 EAST OLD SETTLERS BLVD APT 97
ROUND ROCK TX 78665

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

898-87-3312 312-93-7287
PRITHVI GOUD PAGADALA
BRAHMINI EDULAKANTI
2950 EAST OLD SETTLERS BLVD APT 97
ROUND ROCK TX 7865

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check 360. or money order...... REV 03/22/23 PRO 1555

898-87-3312 312-93-7287 PRITHVI GOUD PAGADALA BRAHMINI EDULAKANTI

2950 EAST OLD SETTLERS BLVD APT 97

ROUND ROCK TX 78665

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

898-87-3312 312-93-7287
PRITHVI GOUD PAGADALA
BRAHMINI EDULAKANTI
2950 EAST OLD SETTLERS BLVD APT 97
ROUND ROCK TX 78665

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

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)	
Taxpayer's name	Social security number
PRITHVI GOUD PAGADALA	898-87-3312
Spouse's name	Spouse's social security number
BRAHMINI EDULAKANTI	312-93-7287
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original penalties).	
my knowledge and belief, it is true, correct, and complete. I further declare that the amount return (original or amended) I am now authorizing. I consent to allow my intermediate service pot o send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instituti payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agentyment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment obusiness days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original of Electronic Funds Withdrawal Consent.	provider, transmitter, or electronic return originator (ERO) or reason for rejection of the transmission, (b) the reason authorize the U.S. Treasury and its designated Financial ion account indicated in the tax preparation software for nancial institution to debit the entry to this account. This ent to terminate the authorization. To revoke (cancel) a ancellation requests must be received no later than 2 involved in the processing of the electronic payment of related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
X I authorize GLOBAL TAXES LLC to ente	er or generate my PIN 7 3 3 1 2 as my
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now authorizin	•
I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
	er or generate my PIN 3 7 2 8 7 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizin	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) rain now authorizing	_
if you are entering your own PIN and your return is filed using the Practitic below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—cor	ntinue below
Part III Certification and Authentication — Practitioner PIN Method C	Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	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 indivauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	that I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — See Ins	

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

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only				ed filing separatel		_		,		spou	se (QSS)	_	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	u check	ed the HOH or	r QSS bo	x, ente	er the o	hild's	name if tl	ne qua	alifying
Your first name			Last na	me					Y	our soc	ial securi	tv num	ber
PRITHVI				.DALA								-	
		first name and middle initial	Last na							898-87-3312 Spouse's social security numbe			number
BRAHMINI		mot name and made initial		AKANTI							12-93-7287		
		r and street). If you have a P.O. box, see					Apt.	no.			tial Electi		mnainn
	•	LD SETTLERS BLVD					97				ere if you.		
		ce. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP code)			f filing joir		
ROUND RO			,	,	TX		78665			_	this fund. w will not		_
Foreign country			F	oreign province/sta			Foreign p				or refund		je
g				g p		,	l statign p				You		Spouse
Digital		y time during 2022, did you: (a) rec	•				-	,					
Assets		ange, gift, or otherwise dispose of					asset)? (See in	structi	ons.)	Yes	×	МО
Standard Deduction		eone can claim:	•	-		a dependent							
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse:	☐ Was bor	rn before	Janua	ıry 2, 1	958	☐ Is b	ind	
Dependents	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip (4) C	heck th	ie box i	f qualifi	es for (see	instruc	ctions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	ax cred	t (Credit for ot	her dep	endents
than four													
dependents, see instruction:													
and check	, 												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a	2	41,5	13.
	b	Household employee wages not r	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not rep	ported o	n Form(s) W-2 (se	e instru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•						1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instruct	,							1h			0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h	· ; ·							1z	2	41,5	13.
Attach Sch. B	2 a		2a			axable interes				2b			
if required.	<u>3a</u>		3a			rdinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	_	5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun	t	•		6b			
Married filing separately,	_ C	If you elect to use the lump-sum e		•	`	,		•	. 📙		1		
\$12,950	7	Capital gain or (loss). Attach Sche							. ⊔	7		1.5.0	. 10
Married filing jointly or	8	Other income from Schedule 1, lir						•		8		-	40.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						٠		9	1 2	<u> 25,6</u>	73.
\$25,900	10	Adjustments to income from Sche	,					٠		10	+	25 -	
Head of household,	11	Subtract line 10 from line 9. This is	-	-				٠		11			73.
\$19,400	12	Standard deduction or itemized								12		<u>45,9</u>	00.
If you checked any box under	13	Qualified business income deduct						•		13) F ^	.00
Standard Deduction,	14	Add lines 12 and 13								14			00.
see instructions.	15	Subtract line 14 from line 11. If ze	TO OF IES	s, enter -u IIIIS	is your t	axable Incom	ie	•		15		99 , /	73.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 4972	3 🗌		16	35,617.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	35,617.
	19	Child tax credit or credit for other depend	dents from Sched	ule 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 le	ss, enter -0				22	35,617.
	23	Other taxes, including self-employment t	ax, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total ta	х				24	35,617.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 37	7,739.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	37,739.
If you have a	26	2022 estimated tax payments and amount	nt applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8	812		28			
	29	American opportunity credit from Form 8	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 y	our total other p	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are you	r total payments	:			33	37,739.
Refund	34	If line 33 is more than line 24, subtract lin	ne 24 from line 33.	. This is the amour	nt you overpaid		34	2,122.
	35a	Amount of line 34 you want refunded to		3 is attached, chec	k here	. 🗆	35a	2,122.
Direct deposit?	b	Routing number 0 6 1 0 0 0			Checking	Savings		
See instructions.	d	Account number 3 3 4 0 4 4	6 5 7 1	8 7				
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs	•				37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to tructions				omplete b	elow.	X No
		signee's	Phone			onal identifi	cation _r	
	na		no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I have exalief, they are true, correct, and complete. Declarat						
Here	Yo	ur signature	Date	Your occupation		If the	IRS sen	t you an Identity
								N, enter it here
Joint return? See instructions.			n. Date	SOFTWARE E		(see i		
Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Spouse's occupation SOFTWARE E			ty Prote	t your spouse an ection PIN, enter it here
		one no. (361)228-4369	Email address	PRITHVI.GO				
		eparer's name Preparer's si		FKTIHVI,GO	Date	PTIN	Т	Check if:
Paid		· ·	SAI PAVAN KUN	ידידי במדרוות אמו	04/03/2023	P02470	833	Self-employed
Preparer		m's name GLOBAL TAXES LLC	211 I TAVAIN KUI	TIV DODIEWINT	01/03/2023	Phone		678)965-9522
Use Only		m's address 245 ROONEY CT E E	REINSWICK N	T 08816		Firm's		88-2145487
		TO COUNTY OF E	ALCOHOM TOTAL IN	00010		1 1 111113	, LIIN	4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

PRITHVI GOUD PAGADALA & BRAHMINI EDULAKANTI

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 soc	ial security number
999_97	_2212

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		5	-15,840.
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	0 (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines 8a through 8z	8z	0	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,		9	-15,840.
10	Combine lines i tillough / and 9. Enter here and on Form 1040, 1040-3h,	or 1040-IND, line o	10	-13,640.

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 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 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		$\overline{}$	
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)				-	
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)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

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,

Attachment

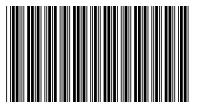
Your social security number

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

Sequence No. 13

OMB No. 1545-0074

PRITHVI GOUD PAGADALA & BRAHMINI EDULAKANTI 898-87-3312 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) AMBERPET HYDERABAD TELANGANA IN 500013 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 510. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,350. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,120. 14 14 Repairs . . . 15 Supplies 15 3,120. 16 16 Taxes 17 17 3,560. 18 3,000. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 16,350. 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 Form 6198 21 -15,840. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 15,840.) 510. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,000. 23d Total of all amounts reported on line 18 for all properties 16,350. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 15,840. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ... -15,840.



0120101010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

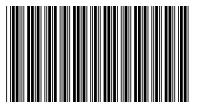
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 898-87-3312 PAGA 312-93-7287 PAGADALA PRITHVI GOUD & EDULAKANTI B 2950 EAST OLD SETTLERS BL APT 97 ROUND ROCK TX 78665

Calendar Year - Due Voucher April 18, 2023 **1**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

898-87-3312 PAGA 312-93-7287 PAGADALA PRITHVI GOUD & EDULAKANTI B 2950 EAST OLD SETTLERS BL APT 97 ROUND ROCK TX 78665

Calendar Year - Due

Voucher

June 15, 2023

2

Indicate the return for which payment is being made by checking the appropriate box:

NJ-1040 R

NJ-1040-NR

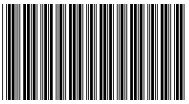
NJ-1041

NJ-1080-C

NJ-1041SB

Enter amount of payment here:





0120101010

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Payment by E-Check

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Payment by Check

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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

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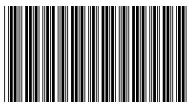
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 898-87-3312 PAGA 312-93-7287 PAGADALA PRITHVI GOUD & EDULAKANTI B 2950 EAST OLD SETTLERS BL APT 97 ROUND ROCK TX 78665

Calendar Year - Due Voucher September 15, 2023 **3**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0120101010

Payment by Credit Card

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You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

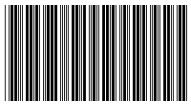
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 898-87-3312 PAGA 312-93-7287 PAGADALA PRITHVI GOUD & EDULAKANTI B 2950 EAST OLD SETTLERS BL APT 97 ROUND ROCK TX 78665

Calendar Year - Due Voucher January 16, 2024 **4**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0130201010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Nonresident Payment Voucher NJ-1040NR-V

1555 2022

898-87-3312 PAGA 312-93-7287 PAGADALA PRITHVI GOUD & EDULAKANTI BR 2950 EAST OLD SETTLERS BL APT 97 ROUND ROCK TX 78665

Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:



2022 NJ-1040NR

New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040NR 2022 Page 1

For Taxable Year January 1, 2022 - December 31, 2022 or Other Tax Year _____, 2022 Ending ______, 2023 Beginning

Your Social Security Number 898873312

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each.}\ \ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$

PAGADALA PRITHVI GOUD & EDULAKANTI

Spouse's/CU Partner's Social Security Number

312937287

State of Residency (outside NJ)

Home Address (Number and Street, incl. apt. # or rural route)

TEXAS

2950 EAST OLD SETTLERS BL APT 97

Driver's License # (Voluntary) 38268995

TX

City, Town, Post Office ROUND ROCK ZIP Code

ΤX 78665

This is an amended return

Federal extension application attached or enter confirmation number

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

If you were a New Jersey resident for ANY part of the tax year, NJ Residency Status

give the period of New Jersey residency.

From:

To:

Gubernatorial **Elections Fund** Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or

reduce your refund.

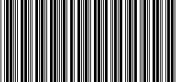
Yes Yes

No

No



NJ-1040NR 2022 Page 2



Name(s) as shown on Form NJ-1040NR

PAGADALA PRITHVI GOUD & EDULAKANTI

Your Social Security Number

898873312

1555

	ng Status ok only ONE	box)							
1.		Single							
2.	×	Married/CU Couple, filing joint return							
3.		Married/CU Partner, filing separate return							
4.		Head of Household Name a	and SSN of Spouse	e/CU Partner					
5.		Qualifying Widow(er)/Surviving CU Partner							
Exe	mptions								
6.	Regular	Self	Spouse/CU Partne	er	Domestic	6.	2		
7.	Age 65 or o	over Self	Spouse/CU Partne	er	Partner	7.			
8.	Blind or Di	isabled Self	Spouse/CU Partne	er		8.			
9.	Veteran Ex	xemption Self	Spouse/CU Partne	er					9.
10.	Number of	f your qualified dependent children						10.	
11.	Number of	f other dependents						11.	
12.	Dependent	s attending colleges (See Instructions)				12.			
13.		ia – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. ic – Enter amount from line 9.				13a.	2	13b.	13c.
Dep	endent Info	ormation							
14.	Dependent	s's Last Name, First Name, Middle Initial	Dependen	ıt's Social Secu	urity Number		Birth	Year	
	a								
	b								
	c								
	d								
				COL. A - AMOUN	T OF GROSS INCO	ME (EVERYV	VHERE) C	COL. B - AMOUNT FR	OM NEW JERSEY SOURCES
1.5	W/	alarias dias and adhar anni anni anni anni		1.5	24	1513		15.	21900
15.	-	alaries, tips, and other employee compensation		15.	Z4.	1313	•	13.	21900
1.0		ox if you completed lines 69 through 75		1.6				16	
16.	Interest			16.			•	16.	
17.	Dividend			17.			•	17.	
18.	•	ts from business (Schedule NJ-BUS-1, Part I, line 4)		18.			•	18.	
19.	_	s or income from disposition of property (From line 68)		19.		0	•	19.	0
20.	_	s or income from rents, royalties, patents, and copyrights (Schedule NJ	J-BUS-1, Part II, line 4)	20.		0	•	20.	0
21.	_	bling winnings (See Instructions)		21.			•	21.	
22.	•	pensions, annuities, and IRA distributions/withdrawals		22.			•		
23.		ive Share of Partnership Income (Schedule NJ-BUS-1, Part III, lin		23.			•	23.	
24.	-	ata share of S Corporation Income (Schedule NJ-BUS-1, Part IV,	line 4)	24.			•	24.	
25.	•	and separate maintenance payments received		25.			•	26	
26.		State Nature and Source		26.	0.4	1 - 1 - 2	•	26.	21900
27.	TOTAL	INCOME (Add lines 15 through 26)		27.	7.4	1513		27.	7.1900

NJ-1040NR 2022 Page 3

Name(s) as shown on Form NJ-1040NR

PAGADALA PRITHVI GOUD & EDULAKANTI

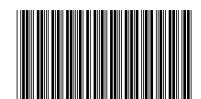
Your Social Security Number

898873312

1555

28a.	Pension/Retirement Exclusion (See Instructions)	28a.					
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.			28b.		
28c.	Total Exclusion Amount (Add line 28a and line 28b)	28c.			28c.		
29.	Gross Income (Subtract line 28c from line 27)	29.	241513		29.	21900	
30.	Total Exemption Amount (See Instructions)	30.	2000				
31.	Medical Expenses (See Worksheet and Instructions)	31.					
32.	Alimony and separate maintenance payments	32.					
33.	Qualified Conservation Contribution	33.					
34.	Health Enterprise Zone Deduction	34.					
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0				
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.					
37a.	NJBEST Deduction	37a.					
37b.	NJCLASS Deduction	37b.					
37c.	NJ Higher Education Tuition Deduction	37c.					
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000				
39.	Taxable Income (Subtract line 38 from line 29, column A)	39.	239513				
40.	Tax on amount on line 39 (From Tax Table)	40.	11214				
41.	Income Percentage B. (line 29) / A. (line 29) =9.07_ %						
42.	New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)				42.	1017	
43.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)				43.		
44.	Gold Star Family Counseling Credit (See Instructions)				44.		
45.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)				45.		
46.	Total Credits (Add lines 43, 44, and 45)				46.		
47.	Balance of Tax After Credits (Subtract line 46 from line 42)				47.	1017	
48.	Interest on Underpayment of Estimated Tax.				48.	17	
	Check box if Form NJ-2210NR is enclosed				×		
49.	Total Tax Due (Add line 47 and line 48)				49.	1034	
50.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	543	•			
51.	New Jersey Estimated Tax Payments/Credit from 2021 return	51.			Also enter on		
52.	Tax paid on your behalf by Partnership(s)	52.				ts made in connection e of NJ real property	
53.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.			 Paymen 	ts by S corporation for	
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.			nonresio	dent shareholder	
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.					
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.					

NJ-1040NR 2022 Page 4



(D) N.J. Breast Cancer Research Fund

(F) Designated Contribution

(E) U.S.S. N.J. Educational Museum Fund

Name(s) as shown on Form NJ-1040NR

PAGADALA PRITHVI GOUD & EDULAKANTI

Your Social Security Number

898873312

1555

57.	Total Payments/Credits (Add lines 50 through 56)		57.	543	
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from lin If you owe tax, you can still make a donation on line $61A$ through $61F$	58.	491	•	
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 4	59.			
60.	Amount from line 59 you want to credit to your 2023 tax	60.			
61.	Amount you want to credit to:				
	(A) N.J. Endangered Wildlife Fund	61A.	. NOTE	 -	
	(B) N.J. Children's Trust Fund	61B.		ntry on lines 60 through 61F wi e your tax refund	11
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	•	b your tant rotains	

62. Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)
62. 491 .

Code

61D.

61E.

61F.

64. Refund amount (If line 59 is more than zero, subtract line 62 from line 59)

Under 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. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Paid Preparer's Signature Federal Identification Number

VENKATA SAI PAVAN KUMAR DUDIPALLI

P02470833

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

88-2145487

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244

You can also make a payment on our website: nj.gov/taxation

vision Use: 1 2 3 4 5 6 7 8

Name(s) as show	vn on Form NJ-1040NR						Your	Social Security Nun	nber	
PAGADALA	PRITHVI GOUD & ED	ULAKANTI	BRAHMINI				898873312			
Part I	Net Gains or Income Fron Disposition of Property	dispo		income, less net rty including real c D.					orted	
(a) Kind of	property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales	price	(e) Cost or ot basis as adjus (see instruction and expense of	sted (f) Gain or (loss) ons) (d less e)			
65.										
							Ħ			
66. Capital Gai	ins Distribution						66.			
67. Other Net Gains										
68. Net Gains	68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)									
Part II	Allocation of Wage and Sa Income Earned Partly Insi Outside New Jersey	ide and (S		if compensation d her basis of alloca			me of t	ousiness		
69. Amount rep	ported on line 15 in column A	required to be a	allocated				69.			
70. Total days	in taxable year						70.			
71. Deduct nor	nworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			71.			
72. Total days	worked in taxable year (subtr	act line 71 from	line 70)				72.			
73. Deduct day	s worked outside New Jerse	y					73.			
74. Days worke	ed in New Jersey (subtract lir	ne 73 from line 7	72)				74.			
75. Allocation	Formula	X (Ente	er amount from I	= (Salary	/ earne	ed inside N.J.)	`	le this amount on 5, col. B)		
Part III	Allocation of Business Income to New Jersey	(S	ee instructions i	if other than Form	ıula Ba	sis of allocation i	s used	.)		
Business Alloc	ation Percentage (From Sche	edule NJ-NR-A)								
	Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.									
Fron	n Line No \$		- X	% = \$ <u></u>						
Fron	n Line No \$		_ x	% = \$						
Fron	n Line No \$. x	% = \$						

898-87-3312

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

New Jersey Gross Income Tax Business Income Summary Schedule

2022

Pa	Net Profits From Business List the net profit (loss) from business(es). See Instructions.										
	Business Name				curity Numbe eral EIN	er/			Profit or	(Loss)	
1.							ļ				
2.							<u> </u>				
3.							<u> </u>				Ш
4.	Net Profit or (Loss). (Add lines 1, 2, and line 18, column A. If loss, enter zero on li			on		4.					
Pa	Net Gains or Income From Rents, Royalties, Patents, and Copyrights	S	form Type	of of		es, p	atents Royalt	s, and copties 3–F	oyrights. S	ived from or in tee instructionsCopyrights	he
	Source of Income or Loss. If rental real enter physical address of property		Federal FIN			numb	– Enter er from above	Inc	come or (Loss)		
1.	AMBERPET		898873	31	.2			1		-15,840.	
2.											
3.											
4.	Net Income or (Loss). (Add lines 1, 2, an (Enter here and on line 20, column A. If I		er zero on	line	e 20, column	A.)		4.		-15,840.	
Pa	Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.										
	Partnership Name	Fed	Share of Partnersl Income or (Loss				on your b	of tax paid behalf by erships Share of F Through Bu Alternative I		ess	
1.											
2.											
3.											
4.	Distributive Share of Partnership Income or (L (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 23, column A.)		ımn A.								
5.	Total Share of tax paid on your behalf by Part 2, and 3.) Enter total here and include on line		(Add lines 1	,							
6.	Total Share of Pass-Through Business Alternalines 1, 2, and 3.) (Enter here and include on		me Tax (Ad	d							
Pa	art IV Net Pro Rata Share of	S Corp	oration	ln	come					ome (usable See instructions	S.
	S Corporation Name	Fe	deral EIN		Pro Rata Sh Income					Pass-Through Bus native Income Tax	
1.											Ш
2.											Ш
3.				_							
4.	Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 24, column A.)			4.							
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.) See a copy of this schedule for your records										

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

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A			Column B			
Part I Income (Loss)			Reportable Regular Business Income			Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-15,840.			
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.			
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.			
5.	Loss Carryforward From Tax Year 2021				5b.	()		
6.	Totals	6a.	0.		6b.	-15,840.			
Par	t II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	(0.50					
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.						
Par	t III Loss Carryforward to Tax Year 2023	3							
12.	Loss Carryforward to Tax Year 2023		12.	15,840.)				

Instructions

Line 1a.	Enter the amount from line 18, column A, Form NJ-1040NR.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 2a.	Enter the amount from line 20, column A, Form NJ-1040NR.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 3a.	Enter the amount from line 23, column A, Form NJ-1040NR.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 4a.	Enter the amount from line 24, column A, Form NJ-1040NR.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and
	continue with line 12.
Line 10.	The adjustment percentage for Tax Year 2022 is 50% (0.50).
Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.

If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Line 12.

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Underpayment of Estimated Tax By Nonresident Individuals ne 48 Form N.I-1040NR and enclose this for

N ()		ne box at line 48, Forn	11113-11	040NK, and end			return	
` ′	on Form NJ-1040NR RITHVI GOUD & EDULAKAN	TT BRAHMINI			Social Security Nu 898-87-3			
Part I	Figuring Your Underpa		-		000 07 5	<u> </u>		
	3. 3	,						
1. 2022 Tax (line 47, Form NJ-1040NR)				1.			1,017.
2. Enter the t	otal of lines 50, 52, 53 , 54, 55 an	d 56, Form NJ-104	ONR.			2.		543.
3. Subtract lir	ne 2 from line 1 (If less than \$400	, do not complete t	he res	st of this form).		3.		474.
4a. Multiply the	e amount on line 1 by .80 (80%) (4a.		814.			
4b. Enter 2021	I tax (From Form NJ-1040NR, lin	ne 46)				4b.		
					Paymen	t Due	Dates	
				(A) April 18, 2022	(B) June 15, 202	2	(C) Sept 15, 2022	(D) Jan 17, 2023
	sser amount from either line 4a or the result in each column		5.	203.	2	03.	204.	204.
If each colu	tax paid and tax withheld per peri umn on line 6 is greater than the o	corresponding	6.					
	line 5, do not complete the rest o		0.	135.	1	36.	136.	136.
(Complete	overpayment (line 13) from the pre- lines 7 through 13 for one column the next column.)	n before	7.					
8. Add line 6	and line 7		8.	135.	1	36.	136.	136.
	otal underpayment (add line 11 ar						105	
the previou	ıs column		9.			68.	135.	203.
10. Subtract lir	ne 9 from line 8. If zero or less, er	nter zero	10.	135.	,	68.	1.	0.
	underpayment from previous per act line 8 from line 9. Otherwise e		11.			0.	0.	67.
	ment (If line 5 is greater than line e 5)		12.	68.	135. 203		203.	204.
	nent (If line 10 is greater than line 0)		13.					
If you meet ex	Exceptions ns. Complete worksheets for exception 1 at line 15, do not file	this form. These a		ts will be verifi	ed by the Divis	ion of	Taxation.	
payment d	int paid and withheld from Januar ue date shown. (Do not include w	ithholdings after		April 18, 2022	June 15, 2022		ept 15, 2022	Jan 17, 2023
December	31, 2022.) (See instructions)	Г	14.	135.		\rightarrow	407. % of 2021 Tax	543.
	1 – Enter 2021 tax 1040NR, line 46)	\$	15.	25% of 2021 Tax	50% of 2021 Tax	X 755	% 01 2021 Tax	100% of 2021 Tax
	2 – Tax on 2021 gross income us s and tax rates		16.	25% of Tax	50% of Tax		75% of Tax	100% of Tax
3X3HIPHON			· · ·	20% of Tax	40% of Tax	+	60% of Tax	
17. Exception	3 – Tax on annualized 2022 incon	ne	17.					
·	4 – Tax on 2022 income over 3, 5		18.	90% of Tax	90% of Tax	9	90% of Tax	
•	If the amount of any		o or le			nount		
	atimo	,	20 011	angoa ioi tiiat				
19. Total Inter	est (Include this amount on line 4	8, Form NJ-1040N	R)	See 221	0 Wks		\$	17.

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Worksheets

E	cception II Tax on 2021 gross income using 2022 exemptions and tax rates		
1.	Enter 2021 Gross Income (line 29, column A, 2021 NJ-1040NR)	1.	
2.	Enter 2022 Total Exemptions (line 30, 2022 NJ-1040NR)	2.	
3.	Subtract line 2 from line 1	3.	
4.	Calculate tax on line 3 (2022 tax rates)	4.	
5.	Income Percentage (line 41, 2022 NJ-1040NR)	5.	
6.	Multiply line 4 by line 5. Enter the applicable percentage of this amount on line 16,	6	

Exception III Tax on 2022 Annualized Income (attach calculations)

			1/1/22 - 3/31/22	1/1/22 - 5/31/22	1/1/22 - 8/31/22
1.	Enter the portion of Gross Income (line 29, column A, NJ-1040NR) that is applicable to each period shown	1.			
2.	Annualization amounts	2.	4	2.4	1.5
3.	Annualized Income (Multiply line 1 by line 2)	3.			
4.	Enter Total Exemptions (line 30, NJ-1040NR)	4.			
5.	Subtract line 4 from line 3	5.			
6.	Calculate tax on line 5	6.			
7.	Enter the portion of Gross Income from New Jersey sources (line 29, column B, NJ-1040NR) that is applicable to each period shown	7.			
8.	Percentage of income from New Jersey sources (Divide line 7 by line 1)	8.			
9.	Multiply line 6 by line 8. Enter the applicable percentage of this amount on line 17, Part II of this form	9.			

Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)

			1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1.	Enter the actual amount of Taxable Income (line 39, NJ-1040NR) that is applicable to each period shown	1.			
2.	Calculate tax on line 1	2.			
3.	Income percentage (line 41, NJ-1040NR).	3.			
4.	Multiply line 2 by line 3. Enter 90% of this amount on line 18, Part II of this form	4.			

Social Security No. Name as Shown on Return PAGADALA PRITHVI GOUD & EDULAKANTI BRAHMINI 898-87-3312

Option 1

	Α	В	С	D	E	F	G		
Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)		
1 4/15 - 6/15	203.		203.	135.	68.	.010	1.		
2 6/16 - 9/15	203.	68.	271.	136.	135.	.019			
3 9/16 - 1/15	204.	135.	339.	136.	203.	.031	6.		
4 1/16 - 4/15	204.	203.	407.	136.	<u>271.</u>	.025	7.		
5 Total intere	5 Total interest for Option 1								

Option 2

	Payment due dates ►	(a) 4/15/2022	(b) 6/15/2022	(c) 9/15/2022	(d) 1/15/2023
1 2 3 4 5 a	Payment date				
6	whichever is earlier	.0625	.0775	.0925	.1000
7 8 9 a b	payment date to next quarter due date	.0625	.0775	.0925	.1000
11	Total interest for Option 2. Add I	ines 6 and 10, colur	mns (a) through (d)	11	