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

	1				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	ber	
HAR	IKRISHNA MADA	514-83	-574	2	
Spouse'	s name	Spouse's soo			r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r vear vou a	re au	thorizina)
	whole dollars only on lines 1 through 5.	i your your	0 0.0		•/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	47	,280.
2	Total tax		2		,914.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6	6,654.
4	Amount you want refunded to you		4		740.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abor- original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rej delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U io initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind to fmy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution tation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate th, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation req as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I a	itter, or electrication of the total. Treasury a icated in the total to debit the ethe authorizuests must be processing opayment. I fur	onic reransmison on the control of t	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no latalectronic para eknowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PINI 3	5 '	7 4 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 er all ze	1 9 8	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	ax return (orig nitting this ret	inal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	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.

person is a child but not your dependent: National Content of the Content of t	Filing Status	X S	Single Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	sehold (HOF	l)		ifying survi	ving
person is a child but not your dependent: Vour frest name and middle initial HARIKRISHNA Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. How, or post office. If you have a P.O. box, see instructions. BY TY 77478 SUGAR LAND Foreign country name Foreign province/state/country Foreign prov	one box.	If yo	u checked the MFS box, enter the	name of	your spouse. If you	ı check	ed the HOH o	QS:	S box, ente	r the c		, ,	e qualifying
HARIKRISHNA MADA		-			,				, , ,				
If joint return, spouse's first name and middle initial Last name Last n	Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial security	number
Record of the control of the contr	HARIKRIS	SHNA		MADA	A					5	14-8	33-5742	}
City, lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code TX 77.478	If joint return, s	pouse's	first name and middle initial										
City, lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code TX 77.478													
Start	Home address	(numbe	r and street). If you have a P.O. box, se	e instructi	ions.				Apt. no.	Pr	esider	ntial Electio	n Campaign
SUGAR_LAND	1800 RIV	/ERCI	REST DR						211				
Foreign province/state/country Foreign province/state/country Foreign postal code Poreign postal code	City, town, or p	ost offic	ce. If you have a foreign address, also c	complete s	spaces below.	Sta	te	ZIP	code				
Spouse Income Attach Form(s) W-2 pero Also and Earth Earth Form(s) W-2 pero Also and Earth E	SUGAR LA	AND				TX		77	478				
Digital Assets	Foreign country	/ name			Foreign province/sta	te/count	у	Fore	eign postal co	de yo	our tax	or refund.	Ü
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												You	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before January 2, 1958	Digital	At ar	y time during 2022, did you: (a) red	ceive (as	a reward, award,	or payn	nent for prope	rty c	or services);	or (b)	sell,		
Spouse itemizes on a separate return or you were a dual-status alien	Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financi	al intere	est in a digital	asse	et)? (See ins	structi	ons.)	☐ Yes	⊠ No
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for other dependents han four dependents, see instructions	Standard	Som	eone can claim: 🗌 You as a d	ependen	t 🗌 Your spo	use as	a dependent						
Dependents (see instructions): (if more (1) First name Last name number (2) Social security (3) Relationship to you (3) Child tax credit (4) Check the box if qualifies for (see instructions): Child tax credit (5) Credit for other dependents (5) Child tax credit (5) Child tax credi	Deduction		Spouse itemizes on a separate retu	ırn or you	u were a dual-statu	ıs alien							
Dependents (see instructions): (if more (1) First name Last name number (2) Social security (3) Relationship to you (3) Child tax credit (4) Check the box if qualifies for (see instructions): Child tax credit (5) Credit for other dependents (5) Child tax credit (5) Child tax credi	Age/Rlindness	. Vou	Were born before January 2	1958 [Are blind	nouse	. □ Was box	rn he	ofore Janua	n/2 1	958	☐ le blir	nd
If more than four dependents, see instructions and check here				1330 [T	_				, ,			
If more than four dependents, see instructions and check here	-					rity		пр	. ,		· 1	•	•
dependents, see instructions and check here		(1)	Last name						Offind to	7			
Income	dependents,									-			
Income Income Income Income Attach Form(s) W-2 here. Also W-2		s ——								_			
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions If Wages from Form 8919, line 6 Wages from Form 8919, line 6 Other earned income (see instructions) In the combat pay election (see instructions) Add lines 1 a through 1 h Attach Sch. B a lark distributions Add lines 1 a through 1 h Standard Deduction for Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing spouse, \$25,500 Married filing loutehold and pound of the complete or the complete or thousehold, \$19,400 Add lines 1 a through 1 h Add lines 1 a t	here	1							Г	-			
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions If Wages from Form 8919, line 6 Wages from Form 8919, line 6 Other earned income (see instructions) In the combat pay election (see instructions) Add lines 1 a through 1 h Attach Sch. B a lark distributions Add lines 1 a through 1 h Standard Deduction for Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing spouse, \$25,500 Married filing loutehold and pound of the complete or the complete or thousehold, \$19,400 Add lines 1 a through 1 h Add lines 1 a t		1a	Total amount from Form(s) W-2. I	box 1 (se	ee instructions)						1a	5	4.900
Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b Gaulfied dividends . 3a Usualified dividends . 3a Usualified dividends . 3a Usualified dividends . 3a Usualified dividends . 3a b D Ordinary dividends . 3b D Taxable amount . 4b D Taxable amount . 5b Scigle or Married filing separately, \$12,850 Married filing separately, \$12,850 Married filing long pouse, \$25,500 If you checked and	income			•	,						_	†	1,700.
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you idid not get a Form h W-2, see instructions In the interpolation of	Attach Form(s)												
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b Taxable dividends . 3a b Ordinary dividends . 3b Taxable amount . 4b Standard Deduction for Single or Married filing separately, \$12,950		d	·	`	,								
## was withheld. If you did not get a form howehold. If you elect to use the lump-sum election method, check here (see instructions) ## Wages from Form 8919, line 6 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 6 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 29 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 12 ## Wages from Form 8919, line 14 from line 11 lf zero or less enter -0. This is your taxable income ## Wages from Form 8919, line 12 ## Wages from Form 891, line 10 ## Wages from Form 8919, line 12 ## Wages from Form 891, line 10 ## Wages from Form 891, line 10 ## Wages	W-2G and	е	. ,	•	. ,						1e		
get a Form W2, see instructions. 1	1099-R if tax	f	•		· ·	29 .					1f		
Note		g	Wages from Form 8919, line 6.								1g		
Instructions. Z Add lines 1a through 1h	get a Form	h	Other earned income (see instruc	ctions)									0.
Add lines 1a through 1h Attach Sch. B Attach Sch. B Tax-exempt interest	W-2, see	i	Nontaxable combat pay election	(see inst	ructions)		1i						
Standard Hard distributions Hard distribution	instructions.	z	Add lines 1a through 1h								1z	5	4,900.
Aa IRA distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Declaration of the production, Deduction, Deduction, Deduction, Description of Married filing spouse, \$25,900 Add lines 12 and 13 Qualified business income deduction from Form 8995 or Form 8995-A B Pensions and annuities . 5a	if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds			3b		
Social security benefits Social security Social secucity Social secucity Social sec		4a	IRA distributions	4a		b Ta	axable amoun	t.			4b		
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 to the content of the	Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b		
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6a	Social security benefits	6a		b Ta	axable amoun	t.			6b		
### Capital gain of (loss). Attach Schedule D if required, the frequired, check here #### Other income from Schedule 1, line 10 #### Other income from Schedule 1, line 10 ##### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ###################################	Married filing	С	If you elect to use the lump-sum	election	method, check he	re (see	instructions)			. 🔲			
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	Capital gain or (loss). Attach Scho	edule D i	f required. If not re	quired,	check here				7		
Qualifying surviving spouse, \$25,900 40 lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 47, 280 Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 47, 280 If you checked any box under Standard Peduction, Deduction, Deduction, 15 13 44 14 12, 950 Deduction, 15 Subtract line 14 from line 11 lf zero or less enter -0- This is your taxable income 15 34 330	Married filing	8	-								8		7,620.
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Add lines 12 and 13 Subtract line 10 from line 9. This is your adjusted gross income 11 47,280 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	income					9	4	7,280.
Head of household, \$19,400		10	Adjustments to income from Sch	edule 1,	line 26						10		
standard deduction or itemized deductions (from Schedule A)	Head of	11	Subtract line 10 from line 9. This	is your a	djusted gross inc	ome					11	4	7,280.
any box under Standard 14 Add lines 12 and 13		12	Standard deduction or itemized	d deduct	tions (from Schedu	ıle A)					12	1	2,950.
Standard 14 Add lines 12 and 13	If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	rm 899	5-A				13		
	Standard										14		
		15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This is	s your t	axable incom	1e			15	3	4,330.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	3,914.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	3,914.
	19	Child tax credit or credit for other depender	nts 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 less,	enter -0				22	3,914.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	3,914.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 6	,654.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	6,654.
If	26	2022 estimated tax payments and amount a	applied from 20	021 return		[26	
If you have a qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you					32	
	33	Add lines 25d, 26, and 32. These are your to		-		[33	6,654.
Refund	34	If line 33 is more than line 24, subtract line 2					34	2,740.
Returia	35a	Amount of line 34 you want refunded to yo				. n t	35a	2,740.
Direct deposit?	b	Routing number 1 2 1 0 0 0 3				Savings		
See instructions.	d	Account number 3 2 5 0 6 6 9						
	36	Amount of line 34 you want applied to your			36			
Amount	37	Subtract line 33 from line 24. This is the am	•					
You Owe		For details on how to pay, go to www.irs.go			1 1		37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis tructions						₩.
Designee					_	mplete be		⊠ No
	nai	signee's ne	Phone no.			nal identific er (PIN)		
Sign		der penalties of perjury, I declare that I have examin						
Here		ef, they are true, correct, and complete. Declaration	1		ased on all informatio			has any knowledge.
	YO	ır signature	Date	Your occupation				I, enter it here
Joint return?				SOFTWARE	ENGINEER	(see in		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa			your spouse an	
your records.						(see in	_	etion PIN, enter it here
		200 no	Email address	MILLADTED TOLIN	12 2 4 0 © CM2 TT CO			
		parer's name Preparer's signa		MHAKIKKISHN	A248@GMAIL.CO Date	M PTIN		Check if:
Paid		, , ,		AR DUDIPALLI				Self-employed
Preparer			L PAVAN KUM	MK DONIBALL	04/03/2023	P024708		
Use Only		n's name GLOBAL TAXES LLC	TNICWIT OV AT	T 00016				578)965-9522
		n's address 245 ROONEY CT E BRU	NOMICK IN			Firm's	EIIN	88-2145487
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

HARIKRISHNA MADA

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 soci	ial security number
	514-83	-5742

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	-7,620.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	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	-	
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NH, line 8	10	-7,620.

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 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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.

Attachment

2022 Attachment Sequence No. 13

OMB No. 1545-0074

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

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

Your social security number

HAR	IKRISHNA MADA						514-83	3-5742	
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you are	an indivi	idual, rep	ort farm
Α	Did you make any payments in 2022 that would require you t	to file F	orm(s) 1	099? 5	See ins	tructions		Ye	s 🗵 No
В	If "Yes," did you or will you file required Form(s) 1099? .								es 🗌 No
1a	Physical address of each property (street, city, state, ZIP								
Α	YENUGONDA MAHABUBNAGAR TELANGANA IN 50								
В		7001							
C									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r	rental a	ınd		Fa	ir Rental Days	Persona Day		QJV
Α	personal use days. Check the QJ			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instruc			В					
С	qualified joint venture. See instruc	otions.		С					
Type	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (describ	oe)		
						Propertie			
Inco	ne:			Α		В			С
3	Rents received	3			20.				
4	Royalties received	4							
Ехре	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	10.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,1	50.				
15	Supplies	15		1,9	10.				
16	Taxes	16							
17	Utilities	17		1,6	70.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		7,9	40.				
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		-7,6	20.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (7,62	20.)	()()
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		320.		
b	Total of all amounts reported on line 4 for all royalty prope	erties			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				23e	7,	940.		
24	Income. Add positive amounts shown on line 21. Do not	t includ	le any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lin	ne 22. E	nter to	otal losses here	25 (7,620.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an						26		-7,620.





Georgia Form 500 (Rev. 06/22/22)
Individual Income Tax Return
Georgia Department of Revenue
2022 (Approved software version)

Page 1

Beginning STATE CA **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Y3620203 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. HARIKRISHNA 514-83-5742 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX MADA SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME SUFFIX ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2.1800 RIVERCREST DR APT NO 211 ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 3. SUGAR LAND 77478 ΤX (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....



YOUR SOCIAL SECURITY NUMBER 514-83-5742

2022

Page 2

7b. Dependents (If you have more than 4 dependents, att	tach a list of additional dependents)
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, use the mi	inus sign (-). Example -3456.
8. Federal adjusted gross income (From Federal Form 1040 (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 104	t on Line 8 is \$40,000 or more, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax	(Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Li	ine 9) 10.
11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)	DEDUCTION) 11a.
b. Self: 65 or over? Blind? Total Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b)	x 1,300= 11b.
Use EITHER Line 11c OR Line 12c (Do not write on both li	lines)
12. Iotal Itemized Deductions used in computing Federal Taxab	ole Income. If you use itemized deductions, you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040)) 12a.
b. Less adjustments: (See IT-511 Tax Booklet)	12b.
c. Georgia Total Itemized Deductions	12c.
13 Subtract either Line 11c or Line 12c from Line 10: enter b	palance



Multiply by \$2,700 for filing status A or D 14a.

2022

Page 3

14a. Enter the number from Line 6c.

or multiply by \$3,700 for filing status B or C

YOUR SOCIAL SECURITY NUMBER 514-83-5742

14b	. Enter the numb	per from Lin	e 7a. Mu	ultiply by	y \$3,000		14b.				
14c.	Add Lines 14a	. and 14b. E	Enter total				14c.				
	. Income before . Georgia NOL ι applying the 8	utilized (Car	nnot exceed L	ine 15a		after					14005
15c.	Georgia Taxab	ole Income (Line 15a less	Line 1	5b)		15c.				14005
16.	Tax (Use Tax	Rate Sched	lule in the IT-	511 Tax	x Booklet)		16.				633
17.	Low Income (Credit 1	7a.	17b.			17c.				
18.	Other State(s)	Tax Credit	(Include a co	py of th	ne other state(s) return)	. 18.				
19.	Credits used fi	rom IND-CF	R Summary W	orkshe/	et		. 19.				
20.	Total Credits electronically		Schedule 2	Georgi	a Tax Credits	(must be file	ed 20.				
21.	Total Credits Us	ed (sum of Li	nes 17-20) can	not exce	eed Line 16		21.				0
22.	Balance (Line	16 less Line	e 21) if zero o	r less th	ıan zero, enter z	zero	22.				633
GA		. For other i	ncome staten						me from W-2s, orm G2-RP Line		62-As on Line 4 orm G2-LP Line
	(INCOME STATE	MENT A)			(INCOME STAT	EMENT B)			(INCOME STATE	MENT C)	
1.	WITHHOLDING T			1.				1.			
	X W-2 1099	G2-A G2-FL	G2-LP G2-RP		W-2 1099	G2-A G2-FL	G2-LP G2-RP		W-2 1099	G2-A G2-FL	G2-LP G2-RP
2.	EMPLOYER/PAY ID NUMBER (FEI	ER FEDERAI	L	2.	EMPLOYER/PAY	YER FEDERAL	•	2.	EMPLOYER/PAY ID NUMBER (FEI	ER FEDERAL	02-1VI
	2028508	66									
3.	EMPLOYER/PAY		/ITHHOLDING I	D 3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

4. GA WAGES / INCOME

5. GA TAX WITHHELD

This Page (3) is required for processing

1555 115 2022 GA 004 T1 22

REV 01/03/23 PRO

4. GA WAGES / INCOME

5. GA TAX WITHHELD



4. GA WAGES / INCOME

5. GA TAX WITHHELD

16900

851



2300411544

YOUR SOCIAL SECURITY NUMBER 514-83-5742

ID

Page 4

	(INCOME STATE	MENT D)			(INCOME STATEMENT E)					(INCOME STATEMENT F)					
1.	WITHHOLDING	TYPE:		1.	1. WITHHOLDING TYPE:					WITHHOLDING 1	YPE:				
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP			W-2	G2-A		G2-LP		
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP			1099	G2-FL		G2-RP		
2.	EMPLOYER/PAY			2.	EMPLOYER/PA		RAL SSN	2	2.	EMPLOYER/PAY ID NUMBER (FEI		SSN			
3.	EMPLOYER/PAY	YER STATE W	THHOLDING ID	3.	EMPLOYER/PA	YER STAT	E WITHHOLD	ING ID	3.	EMPLOYER/PA	YER STA	TE WIT	HHOLDING I		
4.	GA WAGES / INC	COME		4.	GA WAGES / IN	СОМЕ			4.	GA WAGES / IN	COME				
5.	GA TAX WITHHE	ELD		5.	GA TAX WITHH	ELD		ţ	5.	GA TAX WITHH	ELD				
23.	Georgia Incor (Enter Tax Wit		nheld on Wage				23.						851		
24.	Other Georgi (Must include		ax Withheld , G2-LP and/or				24.								
25.	Estimated Ta	x paid for 20)22 and Form I	T-560)		25.								
26.	Schedule 2B F (Cannot be cl		Tax Creditsss filed electron				26.								
27.	Total prepaym	ent credits (Add Lines 23,	24, 2	5 and 26)		27.						851		
28.	If Line 22 exc		7, subtract Line				28.								
29.	If Line 27 exc		2, subtract Line				29.						218		
30.	Amount to be	e credited t	o 2023 ESTIM/	ATED	TAX		30.						0		
31.	Georgia Wildl	life Conserv	ation Fund (No	gift o	of less than \$1	.00)	31.								
32.	Georgia Fund	d for Childre	n and Elderly (No gi	ft of less than	\$1.00)	32.								
33.	Georgia Can	cer Researd	h Fund (No gif	t of le	ss than \$1.00)	33.								
34.	Georgia Land	l Conservati	on Program (N	o gift	of less than \$	1.00)	34.								
35.	Georgia Natio	onal Guard F	oundation (No	gift	of less than \$1	.00)	35.								
36.	Dog & Cat Sto	erilization F	und (No gift of	less	than \$1.00)		36.								
37.	Saving the Cu	ure Fund (N	o gift of less th	nan \$	1.00)		37.								
38.	Realizing Educ		vement Can Hap	open (REACH) Progra	am	38.			- • · ·					



YOUR SOCIAL SECURITY NUMBER 514-83-5742

2022

Page 5

39.	Public Safety Memorial Grant (No gift of less than \$1.00)	39.	
40.	Form 500 UET (Estimated tax penalty) 500 UET exception atta	ached 40.	
41.	Penalty: Late Payment and/or Late Filing	41.	
42.	Interest	42.	
43.	(If you owe) Add Lines 28, 31 thru 42	IUE,	
44.	(If you are due a refund) Subtract the sum of Lines 30 thru 42 from Lin	ne 29	
	THIS IS YOUR REFUNDRefund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCE PO BOX 740380 ATLANTA, GA 30374-0380	_	
	If you do not enter Direct Deposit information or if you are a f	first time filer you will be issued a paper check.	
44a	. Direct Deposit (U.S. Accounts Only) Type: Checking X Savings		
	Routing Number 121000358	Account Number 325066973843	
T	axpayer's Signature (Check box if deceased) Sp	pouse's Signature (Check box if deceased)	
Ta	axpayer's Date of Death Sp	pouse's Date of Death	
T	axpayer's Signature Date Taxpayer's Phone Num 469-818-2333	nber Spouse's Signature Date	
	By providing my e-mail address I am authorizing the Georgia Department of Revenumy account(s).	ue to electronically notify me at the below e-mail address regarding any update	s to
-	Гахрауеr's E-mail Address	I authorize DOR to discuss this	return
		with the named preparer.	
	VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's Phone Number 678-965-9522	
	Signature of Preparer		
		Preparer's FEIN	
	Name of Preparer Other Than Taxpayer VENKATA SAI PAVAN KUMAR D	Preparer's FEIN 88-2145487	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 514-83-5742

2022 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.							
FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCO (COLUMN C					
1. WAGES, SALARIES, TIPS, etc 54900	1. WAGES, SALARIES, TIPS, etc 38000	1. WAGES, SALARIES, TIPS,	etc 16900				
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDEND	DS				
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LC	OSS)				
4. OTHER INCOME OR (LOSS) -7620	4. OTHER INCOME OR (LOSS) -7620	4. OTHER INCOME OR (LOSS	o O				
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 47280	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 30380	5. TOTAL INCOME: TOTAL I	16900				
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FR	ROM FORM 1040				
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FR SCHEDULE 1	OM FORM 500,				
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOL LINE 5 PLUS OR MINUS L					
47280	30380		16900				
RATIO: Divide Line 8, Column C by Line check the box for Time Ratio. Enter	e 8, Column A enter percentage or er percentage	9. 35.74	% Not to exceed 100%				
10a. Itemized or Standard Deduction X	or Georgia Itemized (See IT-511 Tax Booklet)	10a.	5400				
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.					
11. Personal Exemptions from Form 500 or F	orm 500X (See IT-511 Tax Booklet)						
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for the file of the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$3,700 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply by \$4,000 for the following status A or D or multiply status A or D or M or D or D		11a.	2700				
11b. Enter the number on Line 7a from Form 500	or Form 500X multiply by \$3,000	11b.					
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12.	8100				
13. *Multiply Line 12 by Ratio on Line 9 and 6		13.	2895				
14. Income before GA NOL: Subtract Line 13 Enter here and on Line 15a, Page 3 of F	•	14.	14005				

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

2022

OMB No. 1545-0074

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

Filing Status Check only	X 9	Single Married filing jointly [Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOH	l)		ifying survi ise (QSS)	iving
one box.		u checked the MFS box, enter the r on is a child but not your depender		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		• • •	Last na	me					Yo	ur so	cial security	number
					514-83-5742							
					Spouse's social security number							
Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	Pr	esider	ntial Electio	n Campaign
1800 RIV	ERCF	REST DR						211			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Stat	e	ZIP	code			if filing joint	•
SUGAR LA	AND			TX 77			77	478		•	to this fund. Checking a pelow will not change	
Foreign country	name		F	Foreign province/state/county For			Fore	ign postal co	de yo	ur tax	or refund.	_
											You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	⊠ No
Standard		eone can claim: You as a de						, (
Deduction		Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2,	1958	Are blind Sp	ouse:	☐ Was bo		fore Janua	•		☐ Is bli	
Dependents	•	•		(2) Social securi	ty	(3) Relationsh	nip			1		nstructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax credit		dit Credit for other depende		er dependents
than four dependents,									<u> </u>			
see instructions	s ——							L				
and check											<u>_</u>	
here L		T. I	4 /					L				1 000
Income	1a	Total amount from Form(s) W-2, k	,	,			•			1a	5	4,900.
Attach Form(s)	b	Household employee wages not r							•	1b		
W-2 here. Also	C	Tip income not reported on line 1	•	•						1c		
attach Forms W-2G and	d	Taxable dependent care benefits	•	. ,	n(s) W-2 (see instructions)					1e		
1099-R if tax	e f	Employer-provided adoption benefits		*			•		•	1f		
was withheld.		Wages from Form 8919, line 6.					•		•	1g		
If you did not get a Form	g h	Other earned income (see instruc					•		•	1h		0.
W-2, see	i	Nontaxable combat pay election	· 1				•					
instructions.	z	Add lines 1a through 1h	(300)	dottorio)						1z	5	4,900.
Attach Sch. B		Tax-exempt interest	2a		b Ta	axable interes	t .			2b		
if required.	За	Qualified dividends	3a		b O	rdinary divide	nds			3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for-	6a	Social security benefits	6a		b Ta	axable amoun	t.			6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check here	e (see i	nstructions)						
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required					check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	_	7,620.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total ir	come					9	4	7,280.
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26												
Head of	11	Subtract line 10 from line 9. This i	is your a c	djusted gross inco	me					11	4	7,280.
household, \$19,400	12	Standard deduction or itemized	l deducti	ions (from Schedul	e A)					12	1	2,950.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Form	n 899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	<u>2,950.</u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This is	your t	axable incom	ne			15	3	4,330.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		. 16	3,914.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	3,914.
	19	Child tax credit or credit for other depender	nts 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 less,	enter -0				. 22	3,914.
	23	Other taxes, including self-employment tax,		,				0.
	24	Add lines 22 and 23. This is your total tax					. 24	3,914.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	6,6	54.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	6,654.
If you have a	26	2022 estimated tax payments and amount a	applied from 20	021 return			. 26	
qualifying child,	27	Earned income credit (EIC)		· · No ·	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and ref	undable cre	dits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				. 33	6,654.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you overp	aid .	. 34	2,740.
riorana	35a	Amount of line 34 you want refunded to yo		3 is attached, che	ck here .		□ 35a	2,740.
Direct deposit?	b	Routing number 1 2 1 0 0 0 3		c Type: 🛛	Checking	Savi	ngs	
See instructions.	d	Account number 3 2 5 0 6 6 9	7 3 8 4	4 3				
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>					. 37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to distructions				s. Comp	ete below.	X No
		signee's	Phone				dentification	
	na		no.			number (F		
Sign Here		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration		, , ,		,	which prepar	er has any knowledge.
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
l-:t0				 SOFTWARE :	FNGTNFFP		(see inst.)	IN, enter it here
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat				nt your spouse an ection PIN, enter it here
	Ph	one no. (469)818-2333	Email address	MHARIKRISHN	A248@GMAI	L.COM		
Doid	Pre	parer's name Preparer's signa	iture		Date	PTI	N	Check if:
Paid	VENE	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI	I PAVAN KUM	AR DUDIPALLI	04/03/20)23 PO:	2470833	Self-employed
Preparer	Fir	n's name GLOBAL TAXES LLC				,		(678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816			Firm's EIN	88-2145487
Co to ununu ima m	a//_a	1040 for instructions and the latest information		544				F 1040 (2000)

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

HARIKRISHNA MADA

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 soci	ial security number
	514-83	-5742

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	-7,620.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	T. I.	8z		
9	Total other income. Add lines 8a through 8z		9	П (ССС
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NK, line 8	10	-7,620.

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	
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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 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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) 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				$\overline{}$	
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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		, , , , ,	la		
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			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		10		
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				-	
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tax law violations	٠				
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z Other adjustments. List type and amount:	•••		lk		
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26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	