

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

Your first name and middle initial REVATHI	Last name MYLABATHULA	Your social security number 796-14-7639
If joint return, spouse's first name and middle initial RAJA SATISH KUMAR	Last name PRODDOKU	Spouse's social security number 006-25-0738
Home address (number and street). If you have a P.O. box, see instructions. 747 BELDEN AVE		Apt. no. 3G
City, town, or post office. If you have a foreign address, also complete spaces below. NORWALK		State CT
Foreign country name		ZIP code 06850
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
REHANSH	PRODDOKU	122-57-6250	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	240,622
b Household employee wages not reported on Form(s) W-2	1b	
c Tip income not reported on line 1a (see instructions)	1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e Taxable dependent care benefits from Form 2441, line 26	1e	
f Employer-provided adoption benefits from Form 8839, line 29	1f	
g Wages from Form 8919, line 6	1g	
h Other earned income (see instructions)	1h	
i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h	1z	240,622

2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	b Ordinary dividends	3b
4a IRA distributions	4a	b Taxable amount	4b
5a Pensions and annuities	5a	b Taxable amount	5b
6a Social security benefits	6a	b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>		7
8 Other income from Schedule 1, line 10			8
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 240,622
10 Adjustments to income from Schedule 1, line 26			10
11 Subtract line 10 from line 9. This is your adjusted gross income			11 240,622
12 Standard deduction or itemized deductions (from Schedule A)			12 25,900
13 Qualified business income deduction from Form 8995 or Form 8995-A			13
14 Add lines 12 and 13			14 25,900
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 214,722

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	39,204
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	39,204
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	37,204
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	23
24	Add lines 22 and 23. This is your total tax	24	37,227	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	41,936
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	41,936
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0	
33	Add lines 25d, 26, and 32. These are your total payments	33	41,936	

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,709
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	4,709
	b	Routing number <u>011900254</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>385023497014</u>		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
	38	Estimated tax penalty (see instructions)	38	

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

Designee's name **SUMIT PANJABI** Phone no. **888-692-6829** Personal identification number (PIN) **36506**

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

Your signature 22624	Date 04-02-2023	Your occupation COMPUTER PROFESSIONAL	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. 00764	Date 04-02-2023	Spouse's occupation COMPUTER PROFESSIONAL	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 475-243-4670	Email address REVATHI.MYLABATHULA@GMAIL.COM		

Paid Preparer Use Only

Preparer's signature ARUN PANJABI	Date 04-02-2023	PTIN P01819003	Check if: <input type="checkbox"/> Self-employed
Preparer's name ARUN PANJABI	Phone no. 888-692-6829		
Firm's name ADVANTAGE ONE PARTNERS INC			
Firm's address 20610 QUARTERPATH TRACE CIRCLE Sterling, VA 20165	Firm's EIN 27-2340197		

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

REVATHI MYLABATHULA & RAJA PRODDOKU

Your social security number

796-14-7639

Part 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. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	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-NR, line 8		10	0

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	0

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

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

REVATHI MYLABATHULA & RAJA PRODDOKU

Your social security number

796-14-7639

Part I Tax		
1	Alternative minimum tax. Attach Form 6251	1
2	Excess advance premium tax credit repayment. Attach Form 8962	2
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	3 0

Part II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6
7	Total additional social security and Medicare tax. Add lines 5 and 6	7
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8
9	Household employment taxes. Attach Schedule H	9
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10
11	Additional Medicare Tax. Attach Form 8959	11 23
12	Net investment income tax. Attach Form 8960	12
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15
16	Recapture of low-income housing credit. Attach Form 8611	16

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

EEA

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

**SCHEDULE 8812
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

REVATHI MYLABATHULA & RAJA PRODDOKU

796-14-7639

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	240,622
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	240,622
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	2,000
13	Enter the amount from the Credit Limit Worksheet A	13	39,204
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14	2,000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2022

EEA

Part II-A Additional Child Tax Credit for All Filers

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

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

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

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13
23 Add lines 21 and 22
24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.
25 Subtract line 24 from line 23. If zero or less, enter -0-
26 Enter the larger of line 20 or line 25
Next, enter the smaller of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

REVATHI MYLABATHULA & RAJA PRODDOKU

796-14-7639

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3		7,300
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		7,300
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6		7,300
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,300
9	Employer contributions made to your HSAs for 2022	9		2,400
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		2,400
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		4,900
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

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

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

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

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

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return REVATHI MYLABATHULA & RAJA PRODDOKU	Taxpayer identification number 796-14-7639
Preparer's name ARUN PANJABI	Preparer tax identification number P01819003

Part I Due Diligence Requirements

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

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

For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

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

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

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

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------

Additional Medicare Tax

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

2022

Attachment
 Sequence No. **71**

Name(s) shown on return

Your social security number

REVATHI MYLABATHULA & RAJA PRODDOKU

796-14-7639

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	252,534		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	252,534		
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			2,534
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			23

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			23
--	-----------	--	--	----

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,662		
20 Enter the amount from line 1	20	252,534		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,662		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0
23 Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24			

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

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2022 PG01

Name(s) as shown on return

REVATHI MYLABATHULA & RAJA PRODDOKU

Tax ID Number

796-14-7639

Description	Amount
W2 - ASML US LLC	26,126
W2 - BIOINFO SYSTEMS LLC	15,810
W-2 Subtotal	41,936
<hr/>	
Total Withholdings	41,936

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		a Employee's social security number 796-14-7639		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 77-0568140				1 Wages, tips, other compensation 136,261		2 Federal income tax withheld 26,126					
c Employer's name, address, and ZIP code ASML US LLC 2625 W GERONIMO STE 200 CHANDLER AZ 85224				3 Social security wages 147,000		4 Social security tax withheld 9,114					
				5 Medicare wages and tips 148,173		6 Medicare tax withheld 2,149					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial REVATHI		Last name MYLABATHULA		Suff.		11 Nonqualified plans		12a See instructions for box 12 C 225			
747 BELDEN AVE APT 3G NORWALK CT 06850		CT		06850		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b 11,913			
						14 Other CTPL		12c 2,400			
						735		12d 19,125			
f Employee's address and ZIP code											
15 State Employer's state ID number CT 19127320000		16 State wages, tips, etc. 136,261		17 State income tax 7,426		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on this Form W-2 was used to prepare the taxpayer's 2022 Federal tax return by ADVANTAGE ONE PARTNERS

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		a Employee's social security number 006-25-0738		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 55-0909860				1 Wages, tips, other compensation 104,361		2 Federal income tax withheld 15,810					
c Employer's name, address, and ZIP code BIOINFO SYSTEMS LLC 10 COLUMBUS BLVD 10TH FLOOR HARTFORD CT 06106				3 Social security wages 104,361		4 Social security tax withheld 6,470					
				5 Medicare wages and tips 104,361		6 Medicare tax withheld 1,513					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial RAJA SATISH KUMPRODDOKU		Last name 747 BELDEN AVE APT 3G		Suff. NORWALK CT 06850		11 Nonqualified plans		12a See instructions for box 12			
f Employee's address and ZIP code						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
						14 Other CTPFL 522		12c			
								12d			
15 State Employer's state ID number CT 43054519-000		16 State wages, tips, etc. 104,361		17 State income tax 5,517		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on this Form W-2 was used to prepare the taxpayer's 2022 Federal tax return by ADVANTAGE ONE PARTNERS

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W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

REVATHI MYLABATHULA & RAJA PRODDOKU

796-14-7639

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	ASML US LLC	136,261	26,126	CT	136,261	7,426
S	BIOINFO SYSTEMS LLC	104,361	15,810	CT	104,361	5,517
Taxpayer Totals		136,261	26,126		136,261	7,426
Spouse Totals		104,361	15,810		104,361	5,517
Totals		240,622	41,936		240,622	12,943

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Credit Limit Worksheet A

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

REVATHI MYLABATHULA & RAJA PRODDOKU

796-14-7639

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 39,204

2. Add the following amounts (if applicable) from:

- Schedule 3, Line 1 + _____
- Schedule 3, Line 2 + _____
- Schedule 3, Line 3 + _____
- Schedule 3, Line 4 + _____
- Schedule 3, line 6d + _____
- Schedule 3, line 6e + _____
- Schedule 3, line 6f + _____
- Schedule 3, line 6l + _____
- Form 5695, line 30 + _____

Enter the total. 2. _____

3. Subtract line 2 from line 1 3. 39,204

Complete Credit Limit Worksheet B **only** if you meet all of the following.

- 1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.

- 2. You are not filing Form 2555.
- 3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 39,204

Carryover Worksheet

List of items that will carryover to the 2023 tax return

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

REVATHI MYLABATHULA & RAJA PRODDOKU

796-14-7639

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations		
Contributions subject to 60% of AGI limitations		
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)		
Contributions subject to 30% of AGI limitations		
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)		
Taxable state and local refunds to Schedule 1 (Form 1040) line 1		
State/local taxes paid in 2023 to flow to the Schedule A		
State donations and contributions carryover		
State overpayment applied to next year		

Expenses

Office in home operating expenses		
Office in home excess casualty losses and depreciation		
Disallowed investment interest expense	AMT	Reg. Tax
Section 179 expense		
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		

Losses

Short-term capital loss		
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

Mortgage interest credit		
Credit for prior year minimum tax		
Foreign Tax credit	AMT	Reg. Tax
District of Columbia first time home owner's credit		
Residential clean energy credit		

Other

Preparer Fee		
Overpayment applied to next year's estimates		
Estimated Tax Payment 1		Estimated Tax Payment 2
Estimated Tax Payment 3		Estimated Tax Payment 4
Federal tax liability for 2210 calculation		37,227
State tax liability for state 2210 calculation		12,937
IRA basis	Taxpayer	Spouse
Disaster distributions taxable in 2023	Taxpayer	Spouse
Disaster distributions taxable in 2024	Taxpayer	Spouse
Excess repayments from 8915-F	Taxpayer	Spouse

Passive Activity

At Risk Limitations

Account Transaction Summary

2022

Name(s) as shown on return

Your ID Number

REVATHI MYLABATHULA & RAJA PRODDOKU

XXX-XX-7639

Account #1
Financial Institution BANK OF AMERICA
Routing Transit Number 011900254
Account Number 385023497014
Account Type checking

Federal Main Form
 Federal Deposit 4,709

State Main Form(s)
 CT Deposit 6

Net Deposit 4,715

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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize ADVANTAGE ONE PARTNERS INC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

1040

**Individual
Diagnostic Summary**

2022

Name(s) **REVATHI MYLABATHULA & RAJA PRODDOKU** Social Security No. **796-14-7639**

Spouse SSN No. **006-25-0738**

Mailing Address:

747 BELDEN AVE APT 3G
NORWALK, CT 06850

Taxpayer

Daytime Phone: 475-243-4670

Evening Phone:

Cell Phone:

Taxpayer email: REVATHI.MYLABATHULA@GMAIL.COM

Spouse email: RAJASATISH@GMAIL.COM

Spouse

203-919-1363

Resident State: CT

Date of Birth: Taxpayer 08-23-1986

Spouse 08-10-1980

Dependent Information: (*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth	Dependent Status
REHANSH PRODDOKU	122-57-6250	SON	07-31-2020	Dependent

Preparer: ARUN PANJABI

Invoice #:

Date: 04-02-2023

Return Information Form Type: 1040

Item on Return	2022 Federal	2021 Federal (If available)
Filing Status	2	2
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	240,622	240,685
AGI	240,622	240,685
Deductions	25,900	25,100
Taxable Income	214,722	215,585
Tax (before credits)	39,204	39,779
Tax Rate Percentage	24	24
SE Tax		
Tax (after credits)	37,204	39,779
EIC		
Additional CTC		1,500
Overpayment	4,709	538
Refund	4,709	538
Refund Applied to ES		
Balance Due		

Form of Refund/Payment: The client will receive the refund by direct deposit.

State/City Information (* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
J	CT1040	240,622	240,622	12,937	6

2022 Filing Instructions
REVATHI MYLABATHULA & RAJA PRODDOKU

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

04-18-2023

Refund:

\$4,709

Transaction method:

An amount of \$4,709 will be deposited into your BANK OF AMERICA checking account ending in 7014.

Other information:

To check the status of your refund, go to [IRS.gov](https://www.irs.gov) and click the "Where's My Refund" link. You will be asked to enter the primary SSN or ITIN, your filing status, and the amount of your refund.

10401222V011024



Form CT-1040 - 2022
Connecticut Resident Income Tax Return
(Rev. 12/22)

Page 1 of 4

Other taxable year, beginning: and ending:

N	S	Y	FJ	N	MFS	N	HOH	N	QSS
796	-	14	-	7639	006	-	25	-	0738
REVATHI				MYLABATHULA				N	Dec.
RAJA SATISH KUM				PRODDOKU				N	Dec.
747 BELDEN AVE APT 3G				N CT-8379		NCT-2210		CT-19IT	
NORWALK				CT 06850		N CT-1040 CRC		N Federal Form 1310 Y Schedule CT-Dependent	

1. Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 11)	1.	240622
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	240622
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	240622
6. Income tax	6.	12937
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	12937
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	12937
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	12937
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	12937
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	12937

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



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10401222V021024



• 796147639

17. Amount from Line 16

17. 12937

Forms W-2, W-2G, and 1099 Information

	Col. A - Employer or Payer's Fed. ID #	Col. B - CT Wages, Tips, etc.	Col. C - CT Income Tax Withheld
18a.	77 - 0568140	• 136261	7426
18b.	55 - 0909860	• 104361	5517
18c.	-	• 0	0
18d.	-	• 0	0
18e.	-	• 0	0
18f.	Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		18f. 0

18. Total Connecticut income tax withheld: Amounts in Column C.	18. 12943
19. All 2022 estimated tax payments and any overpayments applied from a prior year	19. 0
20. Payments made with Form CT-1040 EXT	20. 0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a. 0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).	20b. 0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c. 0
21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21. 12943
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22. 6

23. Amount of Line 22 you want applied to your 2023 estimated tax	23. 0
24. Amount of line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	24. 0
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a. 0

25. **Refund:** Lines 23, 24, and 24a subtracted from Line 22. **25.** 6
If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type **Y** Ck. **N** Sv. 25b. Rout. # **011900254** 25c. Acct. # **385023497014**

25d. Refund going to a bank account outside the U.S.	25d. N
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26. 0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27. 0
28. If late: Interest entered.	28. 0
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28. 0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29. 0
30. Total amount due: Add Lines 26 through 29.	30. 0 .00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
•	•	4752434670
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	• 2039191363
Paid preparer's signature	Date	Telephone number
•	• 04-02-2023	• 888-692-6829
Paid preparer's name	Paid Preparer's PTIN	
ARUN PANJABI	P01819003	
Firm's name, address, and ZIP code	FEIN	
• 20610 QUARTERPATH TRACE CIRCLE STERLING VA,	272340197	
	Self-employed	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
• SUMIT PANJABI	• 888-692-6829	• 36506

10401222V021024

Sign Here
Keep a copy for your records.

10401222V031024



• 796147639

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	0
36a. 80% of Section 179 federal deduction.	36a.	0
37. Other - specify ●	37.	0
38. Total additions: Add Lines 31 through 37.	38.	0
39. Interest on U.S. government obligations	39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 50% of income received from Connecticut Teachers' Retirement System	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions made in 2022 or an excess carried forward from a prior year Acct. #:	48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	48a.	0
48b. 100% of pension or annuity income	48b.	0
49. Other - specify ●	49.	0
50. Total subtractions: Add Lines 39 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	0
	Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0
54. Line 53 divided by Line 51	54.	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0
56. Line 54 multiplied by Line 55	56.	0
57. Income tax paid to a qualifying jurisdiction	57.	0
58. Lesser of Line 56 or Line 57	58.	0
59. Total credit: Add Line 58, all columns.	59.	0

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Schedule 3 - Property Tax Credit

<i>Qualifying Property</i>	<i>Primary Residence</i>	<i>Auto 1</i>	<i>Auto 2</i>
Name of Connecticut Tax Town or District •	•	•	•
Description of Property •	•	•	•
Date(s) Paid •	•	•	•
Amount Paid 60.	0	61.	0
		0	62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63.
64. Maximum property tax credit allowed			64. •
65. Lesser of Line 63 or Line 64.			65. •
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. •
67. Line 65 multiplied by Line 66.			67. •
68. Line 67 subtracted from Line 65.			68.

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69. •	0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MR	70f.	0
70g. CBS	70g.	0
70h. MHCIA	70h.	0
70. Total Contributions: Add Lines 70a through 70h.	70.	0

Taxpayer email
 REVATHI.MYLABATHULA@GMAIL.COM

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Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.