### 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.

Submission Identification Number (SID)

Taxpay	yer's name	Socia	Social security number				
SRI	JTHI VUPPALAPATI	17	178-29-1056				
Spous	e's name	Spou	ise's soc	ial secur	ity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year	you a	re auth	orizing.)		
Enter	whole dollars only on lines 1 through 5.						
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income			1	2,154.		
2	Total tax			2	0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	185.		
4	Amount you want refunded to you			4	185.		
5	Amount you owe			5			
Par				y of yo	our return)		

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

## Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	as my				
9	1	0	5	6	

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature	v.sruthi	Date ►	04/15/2023	
Spouse's PIN: check	one box only			
l authorize		to enter or generate my PIN		as my
	ERO firm name		Enter five digits, but	

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►							 		
Practitioner PIN Method Returns Only—continue below									
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			_	3	 98	3 9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date ►						
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or staple in this space.
	XS	Single  Married filing jointly	] Married fili	ng separately (N	/IFS)	Head of	house	hold (HOH)		lifying surviving use (QSS)
Check only one box.	-	u checked the MFS box, enter the name	•	spouse. If you cl	heck	ed the HOH or	QSS	box, enter th	•	· · ·
Your first name	and mi	iddle initial	Last name						Your so	cial security number
SRUTHI			VUPPALA	APATI					178-2	29-1056
If joint return, sp	ouse's	s first name and middle initial	Last name						Spouse'	s social security numbe
Home address (	numbe	er and street). If you have a P.O. box, see	instructions.				A	pt. no.	Preside	ntial Election Campaigr
10 COTTA	GE S	ЗТ							1	nere if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spaces	s below.	Sta	ite	ZIP c	ode	· ·	if filing jointly, want \$3 this fund. Checking a
MANVILLE					R	C	028	38		ow will not change
Foreign country	name		Foreig	n province/state/o	coun	ty	Foreig	n postal code	your tax	k or refund.
										You Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a rev	vard, award, or	payr	ment for prope	rty or	services); or	(b) sell,	
Assets	exch	ange, gift, or otherwise dispose of a	digital asset	t (or a financial i	nter	est in a digital	asset)	? (See instru	uctions.)	🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you were	e a dual-status a	alien	1				
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip <b>(</b> 4	Check the b	ox if quali	fies for (see instructions):
lf more	<b>(1)</b> Fi	irst name Last name		number		to you	.	Child tax c	redit	Credit for other dependent
than four										
dependents, see instructions										
and check										
here 🗌										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see inst	tructions)					. 1a	2,154.
	b	Household employee wages not re	eported on Fo	orm(s) W-2					. 1b	)
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							. 1c	;
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)			. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-			• •		. 1e	
was withheld.	f	Employer-provided adoption bene		-			• •		. 1f	
If you did not	g	Wages from Form 8919, line 6 .			• •		• •		. <b>1</b> g	
get a Form W-2, see	h	Other earned income (see instruct	,		• •	· · · ·	· ·		. 1h	0.
instructions.	i	Nontaxable combat pay election (s	see instructio	ons)	• •	<u>1</u> i			_	0 154
		Add lines 1a through 1h	· · · ·	· · · · ·	· ·				. 1z	,
Attach Sch. B if required.	2a	'	2a			axable interest			. 2b	
	<u>3a</u>		3a 4a			Ordinary divide			. 3b	
<del>.</del>	4a 5a		4a 5a			axable amoun axable amoun			. 4b . 5b	
Standard Deduction for –	5a 6a		6a			axable amoun			. 50 . 6b	
Single or	c	If you elect to use the lump-sum e								
Married filing separately,	7	, ,		-	`	,	• •	[	7	
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. 8	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	2,154.
Qualifying spouse,	10	Adjustments to income from Sche		-					. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	-						. 12	
\$19,400 • If you checked	13	Qualified business income deduct				5-A .			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	
Deduction,	15	Subtract line 14 from line 11. If zer			our	taxable incom	e .		. 15	
see instructions.			,				-			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (202	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, line						17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for o	ther dependent	ts 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	0.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	0.
Payments	25	Federal income tax withheld f							
,,	а	Form(s) W-2				25a	185.		
	b	Form(s) 1099				25b		-	
	с	Other forms (see instructions)				25c		-	
	d	Add lines 25a through 25c						25d	185.
	26	2022 estimated tax payments						26	
If you have a qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit f				29		-	
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3, line				31		1	
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. Th		-	•			33	185.
Defined	34	If line 33 is more than line 24,	,					34	185.
Refund	35a	Amount of line 34 you want re				•	. 🗆	35a	185.
Direct deposit?	b	Routing number 0 2 1			_		Savings		
See instructions.	d	Account number 3 8 1					0		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24.	This is the <b>amo</b>	ount vou owe					
You Owe	0.	For details on how to pay, go						37	
	38	Estimated tax penalty (see ins				38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				omplete	below.	× No
Ū		signee's		Phone			onal ident	ification	
	nai	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare th							
Here		ief, they are true, correct, and comp	iele. Declaration			ased on an information			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE			inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>b</b> o	oth must sign.	Date	Spouse's occupat	ion	lf th	e IRS se	nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.								inst.)	
		one no. (919) 593-2132		Email address	SRUTHIVUPPAL	APATI@GMAIL.CO			
Paid			Preparer's signat			Date	PTIN		Check if:
Preparer				RAM SAGAR	GUPTA TALLAM	04/16/2023	P0208		Self-employed
Use Only	Fin	m's name GLOBAL TAX							(678)965-9522
		m's address 245 ROONEY		NSWICK N	J 08816		Firm	n's EIN	84-3171965
Go to www irs a	ov/Forn	1040 for instructions and the latest	t information		RAA	PEV 03/22/23 PPO			Form 1040 (2022)

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

BAA REV 03/22/23 PRO Form **1040** (2022)



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

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

 $\cap \Delta$ Ω

Your Social Security Number (required) Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

VUPPALAPATI

178291056

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

Home Address (Number and Street, including apartment number) 10 COTTAGE ST

SRUTHI

County/Municipality Code (See Table page 50)	10 C0
1218	
	City Town

City, Town, Post Office	State	ZIP Code
MANVILLE	RI	02838

Driver's License Number (Voluntary) (See instructions) V9325 72000 539

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** 

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			021200339
dd5. Account number		dd5.		38	1056737978

Note: This does not reduce your refund or increase your balance due.



Γ			Name(s) as shown on Form VUPPALAPATI			
<b>NJ-</b> 2022 Page			Your Social Security Numb 178291056	er		1555
Part-	year residents, provide months/days you were	-	nt during 2022:	Fiscal ve	ar filers only:	
Fron					nth of your year end	2023
	g Status only one.					
1.	× Single					
2.	Married/CU Couple, filing joint retur	n				
3.	Married/CU Partner, filing separate r	eturn				
4.	Head of Household			Enter spouse's/CU partn	er's SSN	
5.	Qualifying Widow(er)/Surviving CU	Partner				
	Indicate the year of your spouse's/CU	J partner's death:	2020 2021			
	<b>nptions</b> the ovals that apply. You must enter a total in the bo	xes to the right and com	plete the calculation.			
6.	Regular X	Self	Spouse/CU Partner	Domestic Partner	1 x \$1,000 = _	1000
7.	Senior 65+ (Born in 1957 or earlier)	Self	Spouse/CU Partner		x \$1,000 = _	
8.	Blind/Disabled		Spouse/CU Partner		x \$1,000 =	
9.	Veteran	Self	Spouse/CU Partner		x \$6,000 =	
10.	Qualified Dependent Children				x \$1,500 = _	
11.	Other Dependents				x \$1,500 = _	
12.	Dependents Attending Colleges (See instruct				x \$1,000 = _	1000
13.	Total Exemption Amount (Add totals from the	e lines at 6 through	12)		13.	1000 .
14.	Dependent Information. Provide the following	ng information for ea	ach dependent.			
	Last Name, First Name, Middle Initial			Social Security Number	Birth Year	No Health Insurance
a.						
b.						
c.						
d.						



**NJ-1040** 2022 Page 3

# Name(s) as shown on Form NJ-1040 VUPPALAPATI SRUTHI

Your Social Security Number 178291056

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	2154	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net gambling winnings (See instructions)	24.		•
25.	Alimony and separate maintenance payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	2154	•
28a.	Pension/Retirement Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	2154	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.		•
31.	Medical Expenses (See Worksheet F and instructions)	31.		•
32.	Alimony and separate maintenance payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		•
34.	Health Enterprise Zone Deduction	34.		•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.		•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		•
37a.	NJBEST Deduction	37a.		•
37b.	NJCLASS Deduction	37b.		•
37c.	NJ Higher Ed. Tuition Deduction	37c.		•
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.		•
39.	Taxable Income (Subtract line 38 from line 29)	39.		•
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.		•
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.		•
43.	Tax on amount on line 42 (Tax Table page 52)	43.		•
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		•
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.		•
46.	Sheltered Workshop Tax Credit	46.		•
47.	Gold Star Family Counseling Credit (See instructions)	47.		•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		•
49.	Total Credits (Add lines 46 through 48)	49.		•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.		•
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	•
52.	Interest on Underpayment of Estimated Tax	52.		•
	Fill in if Form NJ-2210 is enclosed			
53.	Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in	53.	0	•



**NJ-1040** 2022

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VUPPALAPATI SRUTHI

Name(s) as shown on Form NJ-1040

Your Social Security Number 178291056

54.	Total Tax Due (Add lines 50 through 53)		54.	0.
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	63 .
56.	Property Tax Credit (See instructions page 24)		56.	•
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.	•
58.	New Jersey Earned Income Tax Credit (See instructions)		58.	•
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	63 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.	
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and ent	ter the overpayment	68.	63 .
69.	Amount from line 68 you want to credit to your 2023 tax		69.	
70.	Contribution to N.J. Endangered Wildlife Fund		70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	
73.	Contribution to N.J. Breast Cancer Research Fund		73.	•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.	
75.	Other Designated Contribution (See instructions)	Enter Code	75.	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	
77.	Other Designated Contribution (See instructions)	Enter Code	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	63 .

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

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Division Use:

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