#### 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)

Taxpaver's name

Taxpay	ver's name	Social security number						
RAG	HURAM CHILAMAKURI		860-71-0	593				
Spouse	s's name		Spouse's social	security number				
Par	Tax Return Information — Tax Year Ending December 31,	2022 (Enter	year you are	authorizing.)				
Enter	whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		'	<b>1</b> 92,202.				
2	Total tax			<b>2</b> 13,058.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			<b>3</b> 14,999.				
4	Amount you want refunded to you			4 1,941.				
5	Amount you owe			5				

### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or 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

				FBO firm name		Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_
-						11

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Ent don	,				

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

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

Your signature

Date 🕨

### Spouse's PIN: check one box only

I authorize

to	ontor	or	generate	mv	DIN
ιο	enter	or	generate	шу	PIIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature ► D									
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	2		6 nter a		9	8	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 F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)

Filing Status S       Single       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Qualifying surviving sponse (GSS)         Check only       Myou 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 surviving sponse is a child built only your dependent.       Your should security number         RAGHURAM       Chill Law name       Your social security number         ROG to the spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a P.0. box, see instructions.       Act no.       Presidential Election Campaign         City, town, or post of Box, if you have a P.0. box, see instructions.       NJ       0.8817       box boow will not change provide state security number         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Import the spouse is a dependent         Deduction       Spouse the mission a separater number or your or so a dependent       You caupace as dependent       Import the instructions).       Yee       No         Standard       Someone can chains       You caupace as dependent       You provide addependent       Import the instructions).       Yee       No         Ray/Elifendeess You:       Wae bon before Januar	<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 2	022	OMB No. 1545	5-0074	IRS Use (	Dnly—	-Do not w	rite or staple	in this space.
Your first name and middle initial       Last name       Your social security number         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address frumther and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZID code         NJ       D8215.0N       NJ       D8211         Foreign country name       Foreign province/states/country       Foreign country or services; or b) sell, exchange, diff, or otherwise disposed a digital asset (or a financial interest in a digital asset)? (See instructions;)       Voc genese         Digital       At any time during 2022, did you: (a) receive (as a revard, award, or payment for property or services; or b) sell, exchange, diff, or otherwise disposed a digital asset (or a financial interest in a digital asset)? (See instructions;)       Voc genese         Dependentits, (see instructions):       (Pours pouse a a dependent number       Pous bother anuary 2, 1958       Is blind         Dependents, task home       (I) First name       Last name       (2) Sociel security       (2) Relationship       (4) Chack the box if qualifies for (see instructions);         If more in the outer payment diver payment diver payment diver payment diver payment diver payment diverses       (2) Sociel security       (2) Relationship       (2) Sociel security	Check only	lf yo	u checked the MFS box, enter the na	ame of y							spou	use (QSS)	0
RAGHURAM         CHILAMAKURI         860-71-0593           Hjoht Hum, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and street). Hyou have a foreign address, also complete spaces below.         Apt no.         Presidential Election Campaign chy. town, or poot office. Hyou have a foreign address, also complete spaces below.         State         2P code         Toposter initial initinitial initinitial initial initinitininitial initial initial in	Your first name		, ,		me						Your so	cial securi	tv number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         15.39       RASPBERRY       Check here if you, or your       Check here if you, or your         2D150N       No.       State       Digital         Ast any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell.       Social asset (or a financial interest in a cliptal asset)? (See instructions).       Yes       Yes       No.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Genetic through the structure of the structure of the structure of the structure of through the structure of the													-
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spoce if filing jointly, want 38 EDT SON         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal cable       You       Spouse Spouse itemics on a separate return or you were a dual-status allen         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       Someone can claim:       You as a dependent       Yes       No         Dependents       (see instructions):       (I) First name       (a) doct digital asset)?       (A) Oheck the boolf opendents/ (b) Prest name       (a) doct digital asset)?         If more than four dependents, see instructions;       (a) tase instructions)       (a) doct digital asset)       (a) doct digital asset)       (b) Oheck the boolf opendents/ (b) Prest name       (b) Oheck the boolf opendents/ (b) Prest name       (a) doct digital asset)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       101, 052.         Interest       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       101, 052.         W There, Asset       T			s first name and middle initial										-
1539 RASPBERRY       Check here if You, or you       Check here is the if You       So and the if You       So and if You       Check here is instructions)       Ia       Ia       Ia 101, 052, 102, 102, 102, 102, 102, 102, 102, 10				Laot na								0 0001ai 00	
1539 RASPBERRY       Check here if You, or you       Check here is the if You       So and the if You       So and if You       Check here is instructions)       Ia       Ia       Ia 101, 052, 102, 102, 102, 102, 102, 102, 102, 10	Home address	(numbe	er and street). If you have a P.O. box. see	instructio	ons.			A	pt. no.		Preside	ntial Electi	on Campaigr
City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       spoules if filing jointly, want \$3 big to this fund. Checking a box below will not change box													
EDISON       NJ       08817       to go to this fund. Checking a box below within ot change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Image: State of the sta	-			mplete s	paces below.	Stat	te	ZIP co	ode		•		
Foreign country name       Foreign province/state/county       Foreign pastal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Image: Control of the control of			,,	1				088	17		0		0
Digital       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       X No         Standard       Soneore can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent       Yes       X No         Age/Blindness       You:       Were born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (ee instructions):       (P) First name       Last name       (P) Check the box if qualifies for (see instructions):       Total amount from Form(s) W-2, box 1 (see instructions)       (P) Check the box if qualifies for (see instructions):         If more       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       101, 052.         Income       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1       101, 052.         If wable dependent care benefits from Form 839, line 2       1       1       1       1       1       1       1       1       1       1       0       1       1       1       1       1       1       1       1       0       1       1       1       1		name		F	oreign provinc	-							0
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       No         Standard       Someone can claim:       You as dependent       You repouse as a dependent       You sould there is the digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       No         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Releatonship       (4) Check the box if qualifies for (see instructions)       Child tax credit       Credit for other dependent         Item four       (1) First name       Last name       (2) Social security       (3) Releatonship       (4) Check the box if qualifies for (see instructions)       1a       10.1, 052.         Item four       (1) First name       Last name       (2) Social security       (3) Releatonship       1a       10.1, 052.         Item four       (2) Social security       (3) Releatonship       (1)       (1)       (1)       (1)       (1)       (1)         Item four       (2) Social security       (3) Social security	, j						-					🗌 You	Spouse
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       Gees instructions):       (1) First name       Last name       Immber       (2) Relationship       (4) Check the box fir quilifies for (see instructions):         (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box fir quilifies for (see instructions):         and check									, ,		,	Yes	XNo
Deduction       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       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         Interest       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         Interest       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         Interest first       (2) Social security benefits from Form (2) W-2; box 1 (see instructions):       (1) Enteretetee       (1) Enterestetetetee <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>,</td><td>,</td><td></td><td>,</td><td></td><td></td></t<>				-				,	,		,		
Dependents frore than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent to you         dependents, see instructions and check here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         Income were there       1       Total amount from Form(s) W-2, box 1 (see instructions)       1						status alien	·						
Dependents frore than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent to you         dependents, see instructions and check here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         Income were there       1       Total amount from Form(s) W-2, box 1 (see instructions)       1		V		ого Г		0					1050		lin al
Dependents       (b) First name       (b) With the second of the				958	1			14					
If more       (1) is a name       List name       (1) is a name	-						• •	nip (+			· · · ·		
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check here       Image: see instructions       Image: see		(1) F	irst name Last name								an	Credit for of	
and check       here									L				
here       Image: structure in the ima	see instructions	3 ——							L				
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       101,052.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on Iine 1a (see instructions)       1c         W-2 Area. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Area. Also       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 Area. Also       d       Medicaid waiver payments not reported on Form 839, line 29       1d         W-2 Area. Also       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1l       1       101, 052.         Attach Sch. B       2a       Add lines 1a through 1h       1d       12       101, 052.         Attach Sch. B       2a       Gaulaified dividends       3a       b       b       Taxable interest       2b         Beduction for       5a       Densions and annuities       5a       b       Taxable amount       5b <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>													
Itechnologies       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 Fore.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1       1       1         get a Form       h       Other earned income (see instructions)       1       1         wages from Form 8919, line 6       1       1       1       1         get a Form       h       Other earned income (see instructions)       1       1       1       1         y-2, see       in Nontaxable combat pay election (see instructions)       1		10	Total amount from Form(c) W 2, but	ov 1 (co	o instructions	)					10	1	
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         if you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       101, 052.         Attach Sch. B       2a       Tax-exempt interest       2a       2b       2b       2b         Attach Sch. B       3a       Ualified dividends       3a       b       Taxable amount       4b         Standard       3a       b       Taxable amount       5b       6b       5b         Deduction for-       6a       Scal security benefits       6a       b       Taxable amount       6b         Standard       5a       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7	Income			`		,		• •		•			<u>JI</u> , UJZ.
W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tat       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tat       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       in       Other earned income (see instructions)       1i         W-2, see       instructions.       1i       1z       101, 052.         Add lines 1a through 1h       2a       b       Taxable interest       2b         Attach Sch. B       2a       b       Taxable interest       2b         If required.       3a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       6b         Social security benefits       6a       b       Taxable amount       6b         Sile ge or Married fling separately, Sile good       6 ther income from Schedule 1, line 10       7	Attach Form(s)							• •		•			
W-2G and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a form was withheld.       h       Other earned income (see instructions)       1h       0.         w2-z, see instructions.       z       Add lines 1a through 1h       1z       101, 052.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b         6a       if you elect to use the lump-sum election method, check here (see instructions)       7       7         4ard filing pentry       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         4ard filing point or (loss).       4d lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       922, 202.         4d lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is								• •		•		-	
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         if you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       Other earned income (see instructions)       1i         X-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         X-2, see instructions.       z       Add lines 1a through 1h       1z       101, 052.         Attach Sch. B       2a       za       b       Taxable interest       2b         4a       IRA distributions       3a       b       Definition of the comparison of the								• •		•			
Was withined.       Wages from Form 8919, line 6       1         If you did not       g       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       0       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married fling jointly or Qualifying surving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       92, 202.         10       Szzzes       11       92, 202.       10       22         Add lines 1z, 2b, 3b, 4b,					-							-	
In you do No. Image a Form   W-2, see i   Nontaxable combat pay election (see instructions)   W-2, see   instructions.   Z   Add lines 1a through 1h   .   .   Attach Sch. B   2a   ad lines 1a through 1h   .   .   .   Attach Sch. B   3a   Qualified dividends   .   3a   Add lines 1a through 1h   .   .   .   .   .   Attach Sch. B   a   Qualified dividends   .   .   .   .   .   .   .   .   .   .   .    .    .    .    .   .    .   .   .   .   .   .   .   .   .   .   .   .   .    .    .    .   .    .    .    .    .    .    .    .    .    .    .   .    .    .   .												_	
W-2, see i Nontaxable combat pay election (see instructions) 1i   Attach Sch. B 2a Tax-exempt interest 12   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a Ualified dividends 3a   4a B Dordinary dividends 3b   4a B Taxable amount 4b   5a Pensions and annuities 5a   5a b Taxable amount 4b   5a Pensions and annuities 5a   5a b Taxable amount 4b   5a Social security benefits 6a   5a b Taxable amount 5b   6a Social security benefits 6a   512,950 Capital gain or (loss). Attach Schedule D if required, check here 7   7 Capital gain or (loss). Attach Schedule D if required, check here 7   9 92,202. 9   10 Standard deduction or itemized deductions (from Schedule 1, line 26 10   9 92,202. 10   11 92,202. 11   12 12,950. 12   13 Qualified business income deduction from Form 8995 or Form 8995-A 13   14 12,950. 13 Qualified business income deduction from Form Server -0. This is your tarable income   14 12,950. 14	,		•										0.
Instructions.       z       Add lines 1a through 1h       101,052.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       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         Single or Married filing jointly or Qualifying surving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surving spouse, \$25,900       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       92, 202.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       92, 202.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       92, 202.         11       92, 202.       12       12       12       12	W-2, see	i	,	,			11	i					
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointy or Qualifying suviving spouse, \$25,900       8       Other income from Schedule 1, line 10       9       92,202.         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       92,202.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       92,202.       11         14       12,950.       13       Qualified business income deduction from Schedule A)       13       14       12,950.         14       Add line	INSTRUCTIONS.	z			-,						1z	1	01,052.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       7         • C       If you elect to use the lump-sum election method, check here (see instructions)       0       7       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       0       Other income from Schedule 1, line 10       7       8       -8,850.         9       92,202.       0       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       92,202.         10       Adjustments to income from Schedule 1, line 26       10       11       92,202.         11       92,202.       10       11       92,202.       12       12,950.         16       Subtract line 10 from line 9. This is your adjusted gross income       11       92,202.       12       12,950.         17       Standard deduction or itemized deductions (from Schedule A)       12       12,950.       13       14       12,950.	Attach Sch. B		-	2a		1							
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- Deduction for- Single or Married filing separately, \$12,950       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       1       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       92, 202.         10       Adjustments to income from Schedule 1, line 26       10       11       92, 202.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       92, 202.         11       92, 202.       11       12       12, 950.         14       Add lines 12 and 13       14       12, 950.       13         15       Subtract line 14 from line 11       14 from line 11       15       79, 252			· · -								3b		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       92, 202.         10       Adjustments to income from Schedule 1, line 26       10       11       92, 202.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       92, 202.         11       92, 202.       10       11       92, 202.         12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         14       12, 950.       14       12, 950.       15       79, 252		4a	IRA distributions	4a			-				4b		
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction from Form 8995 or Form 8995-A</li> <li>Head of household, \$10</li> <li>Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income</li> <li>The second sec</li></ul>	Standard	5a		5a		b Ta	axable amoun	ıt			5b		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a		b Ta	axable amoun	ıt			6b		
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in hot required, check here       1         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       92, 202.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       8       -8,850.       9       92, 202.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       92, 202.       11       92, 202.         • If you checked any box under standard       12       12, 950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         • If you checked any box under Standard       15       79, 252       79, 252		с	If you elect to use the lump-sum elected	lection r	nethod, chec	k here (see	instructions)				]		
<ul> <li>Married filing jointly or Qualifying spouse.</li> <li>Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Adjustments to income from Schedule 1, line 26</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Gualified business income deduction from Form 8995 or Form 8995-A</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income</li> </ul>		7	Capital gain or (loss). Attach Schee	dule D if	required. If n	not required,	check here				7		
Qualifying surviving spouse, \$25,900       9       92,202.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       92,202.         11       92,202.       10         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income	<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line	e 10							8		-8,850.
\$25,900       10       Adjustments to income nom obligation of the due 1, me 20       11       92,202.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       92,202.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • If you checked any box under Standard       14       12,950.       14       12,950.         • If you checked any box under Standard       14       12,950.       15       79,252	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>t</b> e	otal income	<b>)</b>				9		92,202.
• Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       92,202.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		10	Adjustments to income from Sche	dule 1, l	ine 26 .						10		
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       79,252.	Head of	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gros	s income					11		92,202.
any box under Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       79,252		12	Standard deduction or itemized	deduct	i <b>ons</b> (from Sc	hedule A)					12		12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income         15         79,252		13	Qualified business income deducti	on from	Form 8995 c	or Form 899	5-A				13		
	Standard										14		
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 T	his is your <b>t</b>	axable incom	ne .		•	15		79,252.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	13,058.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	13,058.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,058.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	13,058.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 14	,999.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>,</i>					25d	14,999.
	26	2022 estimated tax payment						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				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				<u> </u>		32	
	33	Add lines 25d, 26, and 32. T	,	•	-			33	14,999.
Defined	34	If line 33 is more than line 24						34	1,941.
Refund	35a	Amount of line 34 you want				•	. 🗆	35a	1,941.
Direct deposit?	b	Routing number 0 5 1					Savings		
See instructions.	d	Account number 4 3 5					9		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	This is the <b>am</b>	ount vou owe		-11			
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		-	
Third Party	Do	you want to allow another				See			
Designee		structions					omplete b	elow.	X No
•		signee's		Phone			onal identifi	cation	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· ·	piete. Declaration				1		, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see ii		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Identi (see ji		ection PIN, enter it here
your records.							<b>V</b>	ist.)	
		one no. (980) 309-235		Email address	RAGHURAM, CHILA	MAKURI2@GMAIL.C			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/05/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX					Phone		678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN	88-2145487
Go to www.irc.a	ov/Form	21010 for instructions and the late	et information						Earm 1040 (2022)

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

BAA REV 01/28/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# 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 2

Attachment

Internal Revenue Service		Attachment Sequence No. <b>01</b>	
Name(s) shown on Fo	Your soci	al security number	
RAGHURAM CHILA	860-71	-0593	
		-	

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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. Att	ach Schedule E .	5	-8,850.
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			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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		
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-SF	l, or 1040-NR, line 8	10	-8,850.

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

Schedule 1 (Form 1040) 2022

Par	t 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	
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	·		
С	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:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	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		
е	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			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA	REV 01/28/23 PRO	Schedule 1 (Fo	rm 1040) 2022

(Form	1040)	(Fron	n re	ental real estate, royalties, partners	ships, S	S corpora	tions, es	states,	trusts, REMI	Cs, etc.)	୭୮	99
	nent of the Treasury Revenue Service	Venue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.						ce No. <b>13</b>				
• • •	) shown on return										al security i	number
	URAM CHILA									860-7	1-0593	
Part	Note: If yo	ou are ir	h the	From Rental Real Estate ar e business of renting personal prope from Form 4835 on page 2, line 40.	rty, us		e C. See	e instru	ctions. If you a	are an indi	vidual, repo	ort farm
<b>A</b> [				nts in 2022 that would require you		e Form(s)	1099? \$	See ins	structions .		. 🗌 Ye	s 🛛 No
	-											
<b>1</b> a	Physical addr	ress of	ea	ch property (street, city, state, ZI								
Α	VILLA-206	,BOWF	RAM	MPET BACHUPALLY, HYDERA	BAD	TELANG.	ANA I	N 50	0043			
В												
С												
1b	Type of Prope (from list below			For each rental real estate properabove, report the number of fair				Fa	ir Rental Days		nal Use ays	QJV
Α	1			personal use days. Check the Q			Α		365		0	
В				if you meet the requirements to qualified joint venture. See instru			В					
С				quained joint venture. See institu	uction	5.	С					
Туре	of Property:											
	Single Family R Multi-Family Re			<ul><li>3 Vacation/Short-Term Rer</li><li>4 Commercial</li></ul>	ntal	5 Lan 6 Roy			Self-Rental Other (desc	ribe)		
									Propert			
Incom	ne:						Α		В			С
3		ł			3			50.				•
4												
Exper					+ •							
5					5							
6	0			tructions)	-							
7		-			7		6	00.				
8	•				8							
9					9							
10				ional fees	10							
11					11		1,5	00.				
12				to banks, etc. (see instructions)	12		,					
13	Other interest				13							
14	Repairs				14		2,8	00.				
15	Supplies				15		2,5	00.				
16	Taxes				16							
17	Utilities				17		1,8	00.				
18	Depreciation e	expense	e o	r depletion	18							
19	Other (list)				19							
20	Total expenses	s. Add	line	es 5 through 19	20		9,4	00.				
21		s), see	ins	e 3 (rents) and/or 4 (royalties). If structions to find out if you must			-8,8	50.				
22				state loss after limitation, if any, ructions)	22	(		50.)	(	)	(	)
23a				orted on line 3 for all rental prope		·· · · ·		23a	-	550.		/
b				orted on line 4 for all royalty prop		3		23b				
С				orted on line 12 for all properties				23c				
d				orted on line 18 for all properties				23d				
е				orted on line 20 for all properties				23e	G	9,400.		
24			-	amounts shown on line 21. Do no						. 24		
25				ses from line 21 and rental real esta		-		Enter to	otal losses he	ere <b>25</b>	(	8,850.)
26	Total rental re	eal est	ate	e and royalty income or (loss).	Com	oine lines	24 and	25. E	inter the resu	ult		

**Supplemental Income and Loss** 

SCHEDULE E

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

Schedule E (Form 1040) 2022

26

-8,850.

OMB No. 1545-0074

Form <b>8582</b>
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Part I

RAGHURAM CHILAMAKURI

2022 Passive Activity Loss

# **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 860-71-0593

	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(8,850.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-8,850.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-8,850.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t Special Allowance for Re	ntal Real Estate	Activities With	Active Pa	rticipa	ition		
	Note: Enter all numbers in Pa	rt II as positive amo	ounts. See instruc	tions for an	exampl	le.		
4	Enter the smaller of the loss on line 1	ld or the loss on lin	e3				4	8,850.
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5	1	50,000.		
6	Enter modified adjusted gross income	e, but not less than	i zero. See instruc	ctions 6	10	01,052.		
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	ter -0-				
7	Subtract line 6 from line 5			7		48,948.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married fili	ng separatel	y, see ir	nstructions	8	24,474.
9	Enter the smaller of line 4 or line 8						9	8,850.
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total				10	0.
11	Total losses allowed from all passiv out how to report the losses on your t						11	8,850.
Par	t IV Complete This Part Befor	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	See instruct	tions.			
	Name of activity	Currer	nt year	Prior ye	ars	Ove	rall ga	in or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallo	wed	(-1) 0 - 1		(-)

Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss
VILLA-206, BOWRAMPET	0.	8,850.			8,850.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	8,850.			
For Daparwork Poduction Act Nation con instru	untions			100 BBO	Farma 8582 (0000)

For Paperwork Reduction Act Notice, see instructions. BAA

REV 01/28/23 PRO

## Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Current year			Prior year	's	Overall gain or loss			
Name of activity	(a) Net income (line 2a)	(b) N	Net loss ne 2b)	(c) Unallow loss (line 2	ved	<b>(d)</b> Gain	(e) Loss		
		iii)	16 2.0)	1033 (1116 2	-0)				
otal. Enter on Part I, lines 2a, 2b, and 2									
Part VI Use This Part if an Am	ount Is Shown on	Part II,	Line 9. S	ee instructic	ons.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(0)	Loss	<b>(b)</b> Ratio	)	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) fron column (a).		
/ILLA-206,BOWRAMPET	E Ln 22		8,850.	1.000000	000	8,850	. 0		
otal			8,850.	1.00		8,850	. 0		
Part VII Allocation of Unallowe	Form or sch		5.						
Name of activity	and line nu to be report (see instruc	mber ed on	(a) l	LOSS	(I	b) Ratio	(c) Unallowed loss		
						1.00			
	structions.					1.00			
		nedule mber ed on	(a) L	_oss ((	<b>b)</b> Un	1.00	(c) Allowed loss		
Part VIII Allowed Losses. See in	Structions. Form or sch and line nu to be report	nedule mber ed on	(a) L	_oss ((	<b>b)</b> Un		(c) Allowed loss		
Part VIII Allowed Losses. See in	Structions. Form or sch and line nu to be report	nedule mber ed on	(a) L	_oss (	<b>b)</b> Un		(c) Allowed loss		
	Structions. Form or sch and line nu to be report	nedule mber ed on	(a) L	_OSS ((	<b>b)</b> Un		(c) Allowed loss		

REV 01/28/23 PRO

Form 8582 (2022)



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

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

1205

860710593

 $\cap \Delta$ 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.) CHILAMAKURI RAGHURAM

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

County/Municipality Code (See Table page 50)

Home Address (Number and Street, including apartment number) 1539 RASPBERRY

City, Town, Post Office	State	ZIP Code
EDISON	NJ	08817

Driver's License Number (Voluntary) (See instructions) C3451 63800 069

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.			051000017
dd5. Account number		dd5.		4	35035126278

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



			Name(s) as shown on l CHILAMAKU	Form NJ-1040 RI RAGHURAM		
NJ-1 2022 Page	<u> </u>	4P02220	Your Social Security N 860710593			1555
Part-	year residents, provide months/days y		v resident during 2022.	Fiscal year fi	ilers only.	
Fron			,		of your year end	2023
					5 5	
	ng Status					
1.	× Single					
2.	Married/CU Couple, filing jo	oint return				
3.	Married/CU Partner, filing s	eparate return				
4.	Head of Household			Enter spouse's/CU partner's	SSN	
5.	Qualifying Widow(er)/Survi	iving CU Partner				
	Indicate the year of your spo	ouse's/CU partner's d	eath: 2020 20	21		
	<b>mptions</b> n the ovals that apply. You must enter a total	l in the boxes to the right	t and complete the calculation.			
		l in the boxes to the right	t and complete the calculation. Spouse/CU Partner	Domestic Partner	1 x \$1,000 =	1000
Fill ir	n the ovals that apply. You must enter a total		-	Domestic Partner	1 x \$1,000 = x \$1,000 =	
Fill ir 6.	n the ovals that apply. You must enter a total Regular	× Self	Spouse/CU Partner	Domestic Partner		
Fill ir 6. 7.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier)	× Self Self	Spouse/CU Partner Spouse/CU Partner	Domestic Partner	x \$1,000 =	
Fill ir 6. 7. 8.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled	× Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	x \$1,000 = x \$1,000 =	
Fill ir 6. 7. 8. 9.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran	× Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	x \$1,000 = x \$1,000 = x \$6,000 =	
Fill ir 6. 7. 8. 9. 10.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children	× Self Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,000 = \_\_$	
Fill ir 6. 7. 8. 9. 10. 11.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents	× Self Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,000 = \_\_$	
<ul> <li>Fill in</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> </ul>	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See	× Self Self Self Self e instructions) s from the lines at 6 f	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$	
Fill ir 6. 7. 8. 9. 10. 11. 12. 13.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total	× Self Self Self e instructions) s from the lines at 6 t	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$	
Fill ir 6. 7. 8. 9. 10. 11. 12. 13.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initi	× Self Self Self Self e instructions) s from the lines at 6 f e following information	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,000 = \_\_$ $13.$	1000 .
Fill ir 6. 7. 8. 9. 10. 11. 12. 13. 14.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the	<ul> <li>Self</li> <li< th=""><th>Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner</th><th></th><th><math display="block">x \\$1,000 = \_\_</math> <math display="block">x \\$1,000 = \_\_</math> <math display="block">x \\$6,000 = \_\_</math> <math display="block">x \\$1,500 = \_\_</math> <math display="block">x \\$1,500 = \_\_</math> <math display="block">x \\$1,000 = \_\_</math> <math display="block">13.</math></th><th>1000 .</th></li<></ul>	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,000 = \_\_$ $13.$	1000 .
Fill ir 6. 7. 8. 9. 10. 11. 12. 13. 14. a.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initi	× Self Self Self Self e instructions) s from the lines at 6 t e following information	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		$x \$1,000 = \_\_$ $x \$1,000 = \_\_$ $x \$6,000 = \_\_$ $x \$1,500 = \_\_$ $x \$1,500 = \_\_$ $x \$1,000 = \_\_$ $13.$	1000 .



**NJ-1040** 2022 Page 3

## Name(s) as shown on Form NJ-1040 CHILAMAKURI RAGHURAM

Your Social Security Number 860710593

1555

			101760	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	101760 .	
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.	101760 .	
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.	101760 .	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .	
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.	0.	
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.	1000 .	
39.	Taxable Income (Subtract line 38 from line 29)	39.	100760 .	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	907 .	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	907 .	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	99853 .	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	4236 .	
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.	4236 .	
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.	4236 .	
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) REQUIRED Enclose Schedule HCC and fill in X	53.	0.	



**NJ-1040** 2022 Page 4

## Name(s) as shown on Form NJ-1040 CHILAMAKURI RAGHURAM

Your Social Security Number 860710593

1555

54.	Total Tax Due (Add lines 50 through 53)		54.	4236	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	4803	•
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.	4803	•
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 enter	r the overpayment	68.	567	•
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.	567	•

Under penalties of perjury, I declare that I have examined this Incom the best of my knowledge and belief, it is true, correct, and complete based on all information of which the preparer has any knowledge.	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 F	Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	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:
SYAM PRIYA RAM SAGAR GUPTA	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 Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		88-2145487	Trenton, NJ 08647-0555

\_\_\_\_5\_\_\_

6\_

7\_

Division Use:

1 \_\_\_\_\_

\_\_\_\_\_ 4 \_\_\_

3\_\_\_\_

Name(s) as shown on Form NJ-1040	Social Security Number
CHILAMAKURI RAGHURAM	860-71-0593

		<b>edule NJ-BUS-1</b> Form NJ-1040)		lew Jersey Business Inc					ule	2022				
Ρ	art I	Net Profits From Business	S	Lis	st the n	et p	profit (lo	oss) from bus	iness(e	es). See Instructions	i.			
		Business Name			Social Security Number/ Federal EIN				Profit or (Loss)					
1.														
2.											<u> </u>			
3.														
4.		it or (Loss). (Add lines 1, 2, and 3.) ( NJ-1040. If loss, make no entry on li					4.							
Р	art II	Distributive Share of Part	ner	ship Incom	е					re of income (loss) ee instructions.				
	Partnership Name       1.       2.				Federal EIN Share of Parti Income or (I				' I KUCINACE Altarn					
						$\downarrow$								
3.	Diatrikuti	us Chara of Dartharabia Income an	(1.0.0	-)		+								
4.	(Add line	ve Share of Partnership Income or ( s 1, 2, and 3.) (Enter here and on lin ake no entry on line 21.)			4									
5.		are of Pass-Through Business Alterr s 1, 2, and 3.)(Enter here and includ			40.) 5	5.								
Р	art III	Net Pro Rata Share of S	Coi	poration In	come	è				of income (usable n(s). See instruction	IS.			
		S Corporation Name						S Corporation able Loss)	n Share of Pass-Through Busi Alternative Income Tax					
1.														
2.														
3.														
4.	(Add lines	ata Share of S Corporation Income or (L 1, 2, and 3.) (Enter here and on line 22 ike no entry on line 22.)												
5.														
P	art IV	Net Gains or Income		List the ne form of rer of Property	nts, roy /:	altie	es, pate	ents, and cop	yrights	derived from or in the See instructions. T nts 4 – Copyrights				
		of Pass-Through Business Alternative Inc , 2, and 3.)(Enter here and include on line Net Gains or Income From Rents, Royalties, Patents, and Copyrights Income or Loss. If rental real estate er physical address of property.		Social Security Number Federal EIN			per/ Type – Enter number from list above							
1.	VILLA-	206,BOWRAMPET		860710593				1		-8,850.				
2.														
3.														
4.		me or (Loss). (Add lines 1, 2, and 3 ere and on line 23, NJ-1040. If loss,		ke no entry on l	ine 23.	)		4.		-8,850.				

Name(s) as shown on Form NJ-1040	Social Security Number
CHILAMAKURI RAGHURAM	860-71-0593

# Schedule NJ-BUS-2

(Form NJ-1040)

# New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

			Column A		Column B						
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	0.	1k	<b>b.</b> 0.						
2.	Distributive Share of Partnership Income	2a.	0.	21	o. 0.						
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3k	o. 0.						
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	41							
5.	Loss Carryforward From Tax Year 2021			5k		)					
6.	Totals	6a.	0.	61	-8,850.						
Part	II Adjustment Calculation										
7.	Total Regular Business Income	7.	0.								
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.								
9.	Business Increment (Subtract line 8 from line 7)	9.	0.								
10.	Adjustment Percentage	10.	0	.50							
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.								
Part	: III Loss Carryforward to Tax Year 2023		· · · · · · · · · · · · · · · · · · ·								
12.	Loss Carryforward to Tax Year 2023	12	2. ( 8,850.	)							

### Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

2022

If your income on line 29 is at or below the filing threshold,

do not complete this schedule.

Name as Shown on Return	Social Security No.
CHILAMAKURI RAGHURAM	860-71-0593

### Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

 Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

## Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code	Check box if this individual has more than one exemption number Check box if this individual is under 18												
Exemption Code	Check box if this individual has more than one exemption number												
				box if t	his indi	vidual	s unde	r 18 .					
Exemption Code		-	Check							•		nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check							•	on nur	nber -	
			Check	box if t	his indi		s unde	r 18 .					
Exemption Code		-	Check									nber .	
			Check										
Exemption Code		-	Check							•	on nur	nber .	
			Check				s unde						
Exemption Code		_	Check							•	on nur	nber .	
			Check				s unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check Check							•			

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