(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Samount you owe Samount you	Submission Identification Number (SID)	
Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	Taxpayer's name	Social security number
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS fifers use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 1 94, 937. 2 Total tax 2 13, 652. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 16, 781. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 1 3, 129. 9 Amount you want refunded to you 9 3 16, 781. 4 Amount you want refunded to you 9 3 16, 781. 4 Amount you want refunded to you 9 3 16, 781. 9 Amount you want refunded to you 9 Amount you want refunded to you 10 Amount you ove 10 Amount you ove 10 Amount you ove 10 Amount you want refunded to you 10 Amount you ove 10 Amount you over the want you over the manual service provider, transmitter, or electronic return originate (19 Amounts) in Part 1 shade you are the manual your own amounts from the income tax return (original or amended) I am now authorizing, to reverse cancel and your originate (19 Amounts) in the tax preparation software for payment of myse federal taxes weed on this return and Agent at 1 488-354-357. Payment account indicated in the tax preparation software for payment of myse federal taxes weed on this return and Agent at 148-354-357. Payment accounts in U.S. Treasury and its designated Financial Agent to terminate the authorization. To revoke (cancel a payment I m	JANAKINATH POKALA	858-09-4117
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse's name	Spouse's social security number
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I Tax Return Information — Tax Year Ending December 31. 2022 (E	 Enter vear vou are authorizing.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 13, 652. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 16, 781. 4 Amount you want refunded to you 4 4 3, 129. 5 Amount you want refunded to you 5 4 4 3, 129. 5 Amount you want refunded to you 6 4 4 3, 129. 5 Amount you want refunded to you 6 4 4 3, 129. 5 Amount you want refunded to you 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3,
2 13,652. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 16,781. 4 Amount you want refunded to you . 4 3,129 . 5 Amount you owe . 4 3,129 . 5 Amount you owe . 4 3,129 . 15 Amount you owe . 4 3,129 . 16 Amount you owe . 4 3,129 . 17 Azapayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 18 Under penalties of perjuy, 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 whowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasons for rejection the Irst 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 financial Agret to Instancial institution account indicated in the tax preparation software for Agent to Instancial and ACH electronic funds withdread (inched withdread) (inched allowed) into the financial institution account indicated in the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the financial institution account indicated in the tax preparation software for any delay in the Irst special content of the Irst special content in the Irst preparation in the Irst special content in the Irst preparation in the Irst special content in the Irst preparation in the Irst special content in Irst special content in Irst special content in Irst special content in Irst s	·	
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Lorder penalize of perjuni, Ideoter 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 bellef, 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 or any delay in Indicated in the tax preparation software for or any delay in Indicated in the tax preparation software for any refund. If applicable, I authorize the U.S. Treasury ferinancial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any refund. If applicable, in a financial institution involved in the processing of the electronic payment of the second institution and the processing and its description of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature expensed to the payment. I further acknowledge that the personal identification number (PIN) below is my signature expensed to the payment. I	1 Adjusted gross income	1 94,937
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perlipy, 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 whowledge and belief, it is true, correct, and one melled I part the declare that the amounts for 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 receipts or reason for rejection of the transmission, (b) the reason of the consensual of the part of the par	2 Total tax	2 13,652
S Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalities 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, 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 IRS (a) an acknowledgement of recipit or reason for rejection of the transmission, (b) the reason Agent to initiate an ACH electronic funds withforwal (direct delight) entry to the financial institution account indicated in the tax proparation 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 at 1-888-383-4537. 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 (PIP) below is my signature for the income tax return (original or amended) I am now authorizing as my effect of the payment. I further acknowledge that the personal dentification number (PIP) below is my signature for 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 ▶ Date ▶ Part III Certificatio	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,781
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun, 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 bellef, 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) for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Teasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my tederal taxes owned on this return and/or a payment of estimated tax, and the financial institution to debt 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, function to the payment (estitement) 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 I authorize GLOBAL TAXES LLC ERO firm name 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 PIN: check one box only I will enter my PIN as my signat		-,
Under penalties of perjun, 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 bellef, it is true, correct, and complete. I further declare that the amounts in Fart 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 (EFO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive to reason for rejection, to 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 delay) entry to the financial institution account indication on the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 in the text preparation software for payment of my federal taxes owed on this return and/or 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 provoke (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 provoke (cancel a payment, I must contact the U.S. Treasury Financial Agent and the payment of the payment		
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 original or amended) In processing the treatment or frend, and (c) the date of any return in 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 return, and (c) the date of any return (II applicable, I authorize the U.S. Treasury Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my referral tax and the return or return or return to a submiration in the return or return and/or a payment of estimated tax, and the financial institution to debt the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a supment, I must contact the U.S. Treasury Financial Agent and 1-863-635-6367. Payment cancelation requests must be received no later than 2 supment. I further acknowledge that the presonal identification numbers (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** Julia 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 PIN: check one box only** 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		
Taxpayer's PIN: check one box only authorize GLOBAL TAXES LLC ERO firm name Signature on the income tax return (original or amended) am now authorizing. will enter my PIN as my signature on the income tax return (original or amended) am now authorizing. Check this box only f 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 PIN: check one box only authorize Date	return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended).	ansmitter, or electronic return originator (ER or rejection of the transmission, (b) the rease the U.S. Treasury and its designated Finance at indicated in the tax preparation software stitution to debit the entry to this account. The initiate the authorization. To revoke (cancel) in requests must be received no later than in the processing of the electronic payment the payment. I further acknowledge that t
I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros 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 PIN: check one box only ☐ I authorize		
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 ▶ Date ▶ Spouse's PIN: check one box only I authorize 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 ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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		rate my PIN 9 4 1 1 7 as m
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 to enter or generate my PIN 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 ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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	ERO firm name	Enter five digits, but
Spouse's PIN: check one box only	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.	
I authorize	Your signature ▶ Date	
Spouse's signature ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 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. Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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 ►	Spouse's PIN: check one box only	
Spouse's signature ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 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. Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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 ►		rate my PIN as m
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 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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		
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 ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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	, ,	
Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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	if you are entering your own PIN and your return is filed using the Practitioner PIN r	•
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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	Spouse's signature ▶ Date	>
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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		elow
Don't enter all zeros 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	Part III Certification and Authentication — Practitioner PIN Method Only	
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	Don't enter all zeros
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am	me tax return (original or amended) I am no submitting this return in accordance with t
ERO Must Retain This Form — See Instructions	ERO's signature ▶ Date	>

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

2022	
------	--

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		ed filing separately (N				S	pous	se (QSS)	-
		on is a child but not your dependent		, , , ,							
Your first name	and mi	ddle initial	Last na	me				Your	soc	ial security	number
JANAKINA	HTA		POKA	LA				858	3-0	9-4117	
If joint return, s	pouse's	first name and middle initial	Last na	me				Spot	ıse's	social secu	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pres	iden	tial Election	n Campaign
225 SAI	NT PA	AUL'S AVE					7M			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP code			filing jointly this fund. C	•
JERSEY (CITY				NJ		07306	-		w will not c	_
Foreign country	y name		F	Foreign province/state/o	county	У	Foreign postal cod	e your	tax (or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bo	n before Januar	/ 2, 195	8	☐ Is blin	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if q	ualifie	es for (see in	nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	С	redit for othe	er dependents
than four											<u>] </u>
dependents, see instruction	s										<u>] </u>
and check	, —										<u>] </u>
here										<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	,	,				.	1a	108	8,379.
A44(-)	b	Household employee wages not re						.	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						.	1c		
attach Forms	d	Medicaid waiver payments not rep		()	nstru	ctions)		·	1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·				.	1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f		
If you did not	g	Wages from Form 8919, line 6.						.	1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i		_		1.0	0 270
	<u>z</u>	Add lines 1a through 1h						.	1z	100	8,379.
Attach Sch. B if required.	2a	· –	2a	2.		axable interes			2b 3b		2.
	3a_		3a			rdinary divide		.			
Standard	4a 5a	_	4a 5a			axable amoun	t t	. -	4b 5b		
Standard Deduction for—	6a	_	6a				ı t	. -	6b		
Single or	C	If you elect to use the lump-sum e		method check here				$\dot{\Box}$	OD		
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	•	,		H	7	1	-14.
\$12,950 Married filing	8	Other income from Schedule 1, lin						<u> </u>	8	_1	3,430.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						·	9		4,937.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•				.	10	†	1,,,,,,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,					·	11	<u>a</u> .	4,937.
household,	12	Standard deduction or itemized	-	-					12		2,950.
\$19,400 If you checked	13	Qualified business income deduct		`	,	5-A .			13	 	<u> </u>
any box under Standard	14	Add lines 12 and 13						·	14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If zer						·	15		1,987.
see instructions.				,							

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,652.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,652.
Payments If you have a qualifying child, attach Sch. EIC. Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for	19	Child tax credit or credit for other dependents from Schedule 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	13,652.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	13,652.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	16,781.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,781.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,129.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,129.
Direct deposit?	b	Routing number 1 0 1 1 0 0 0 4 5 c Type: X Checking Savings	:	
See instructions.	d	Account number 5 1 8 0 0 9 3 9 3 6 4 0		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	below.	X No
		signee's Phone Personal iden	tification	
		me no. number (PIN)		
_		ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ch prepare	er has any knowledge.
11010	Yo			nt you an Identity IN, enter it here
loint return?			e inst.)	III, enter it nere
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the lide		nt your spouse an ection PIN, enter it here
	Ph	one no. (765)863-0833 Email address PJANAKINATH@GMAIL.COM		
Daid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Paid			l	Self-employed
Preparer	Fir	m's name GLOBAL TAXES LLC Pho	one no.	
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	m's EIN	
0-4	a/[a	210.40 for inchwigations and the latest information		Farm 1040 (2002)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

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

Internal Revenue Service	do to www.iis.gov/i offii1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
JANAKINATH POK	ALA	858-09	-4117

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-13,430.
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		
- 1	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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
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	10 400
10	Compline lines Timrollan / and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-13.430

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			OF.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Your social security number

JAI	NAKINATH POKALA			858	-09-	4117
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
Pai	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmer to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			line 2, colum	II (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	4.61	475			1.4
2	Box A checked	461.	475.			-14.
	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (least or the short-term gain from Form 6252 and short-term gain from 6252 and sho	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	-		6	
7	Net short-term capital gain or (loss). Combine lines 1a		 ımn (h). If you have			
	term capital gains or losses, go to Part II below. Otherwis	e, go to Part III on	the back		7	-14.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	Held More Than	One Year	(see i	instructions)
See i	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	through 14 in co	olumn (h). Then, go	to Part III	15	

BAA

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -14.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 14.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. Attachment File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

OMB No. 1545-0074

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

Part I

Social security number or taxpayer identification number 858-09-4117

JANAKINATH POKALA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Robinhood Securities LLC | 05/14/22 | 12/31/22 461. 475. -14.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

461.

-14.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

475.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **13**

Your social security number

JAN	AKINATH POKALA						858-09-4117			
Par	Note: If you ar	Loss From Rental Real Estate and re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			c . See	instruc	ctions. If you a	are an indiv	vidual, rep	ort farm
Α			ments in 2022 that would require you to file Form(s) 1099? See instructions .							
		will you file required Form(s) 1099? .								
1a		of each property (street, city, state, ZIF								
Α	1-5-363/38UE	RYANAGAR COLONY OLD ALWAL S	SECUN	Ideraba	D.TEI	LANG	NA TN 50	00010		
В	2 3 333,3201		,					30010		
С										
1b	Type of Property (from list below)	For each rental real estate prope above, report the number of fair i	rental	and	Fair Rental Days			al Personal Use Days		QΊΛ
Α	3	personal use days. Check the QJ			Α		365		0	
В		if you meet the requirements to fi qualified joint venture. See instru			В					
С		quamieu jemit ventarer eee metra			С					
1	of Property: Single Family Resident Multi-Family Resident		tal	5 Land 6 Roya	-	-	Self-Rental Other (desc			
							Properti	ies:		
Incor					Α	4.0	В			С
3 4			3		6	40.				
	nses:	1	4							
5			5							
6		ee instructions)	6							
7	· ·	ntenance	7		1,6	40.				
8			8							
9			9							
10		rofessional fees	10							
11	Management fees		11		1,3	20.				
12	Mortgage interest	paid to banks, etc. (see instructions)	12							
13	Other interest .		13							
14	Repairs		14		3,4					
15			15		3,7	00.				
16			16		2 0					
17			17		3,9	60.				
18		ense or depletion	18							
19 20		dd lines 5 through 19	19		14,0	70				
21	•	rom line 3 (rents) and/or 4 (royalties). If	20		14,0	70.				
21		see instructions to find out if you must	21		-13,4	30.				
22		real estate loss after limitation, if any, e instructions)	22		13,43		,)	(
23a	Total of all amoun	ts reported on line 3 for all rental prope	rties			23a		640.		
b		ts reported on line 4 for all royalty prope				23b				
С		ts reported on line 12 for all properties				23c				
d		ts reported on line 18 for all properties				23d				
е		ts reported on line 20 for all properties				23e	14	,070.		
24	•	sitive amounts shown on line 21. Do no		-				. 24	,	
25	•	ty losses from line 21 and rental real estat						-	(13,430.
26	here. If Parts II, I	estate and royalty income or (loss). (II, IV, and line 40 on page 2 do not a 1040), line 5. Otherwise, include this ar	apply	to you,	also er	iter th	is amount o			-13.430

2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 858094117} \end{array}$

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

POKALA JANAKINATH

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

Home Address (Number and Street, including apartment number)
225 SAINT PAULS AVE APT 7M

 $\begin{array}{l} {\hbox{County/Municipality Code (See Table page 50)}} \\ {\hbox{O 9 0 6}} \end{array}$

City, Town, Post Office State ZIP Code JERSEY CITY NJ 07306

Driver's License Number (Voluntary) (See instructions)

P6197 38400 099

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

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. C

 dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States
 dd3.

 dd4. Routing number
 dd4. 101100045

 dd5. Account number
 dd5. 518009393640



NJ-1040 2022

Name(s) as shown on Form NJ-1040

POKALA JANAKINATH

Your Social Security Number 858094117

1555

Page 2

040MP02220

Part-	Part-year residents, provide months/days you were a New Jersey resident during 2022:				ent during 2022:	Fiscal year filers only:					
Fron	1:	To:					Enter mo	nth of your	year end	2 (023
	g Status only one										
1.	×	Single									
2.		Married/CU Couple, filing j	joint return	1							
3.		Married/CU Partner, filing s	separate re	turn							
4.		Head of Household					Enter spouse's/CU partn	er's SSN			
5.		Qualifying Widow(er)/Surv	_								
		Indicate the year of your spo	ouse's/CU	partner's death:	2020	2021					
	nptions	s that apply. You must enter a tota	al in the box	es to the right and co	mplete the calculation.						
6.	Regula	ar	×	Self	Spouse/CU Partne	r	Domestic Partner	1	x \$1,000 =	1000	
7.	Senior	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partne	r			x \$1,000 =		
8.	Blind/	Disabled		Self	Spouse/CU Partne	r			x \$1,000 =		
9.	Vetera	an		Self	Spouse/CU Partne	r			x \$6,000 =		
10.	Qualif	ned Dependent Children							x \$1,500 =		
11.	Other	Dependents							x \$1,500 =		
12.	Depen	idents Attending Colleges (Se	e instruction	ons)					x \$1,000 =		
13.	Total l	Exemption Amount (Add tota	ls from the	e lines at 6 through	n 12)				13.	1000	•
14.	•	ndent Information. Provide the		g information for	each dependent.						
	Last N	lame, First Name, Middle Init	tial				Social Security Number		Birth Year	No	Health Insurance
a.											
b.											
c.											
d.											

NJ-10402022

Page 3

Name(s) as shown on Form NJ-1040

POKALA JANAKINATH

Your Social Security Number

858094117

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	110359	
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.	2	
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.	110361	
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.	110361	
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.	109361	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1890	•
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1890	•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	107471	•
43.	Tax on amount on line 42 (Tax Table page 52)	43.	4720	
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.	4720	•
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.	4720	•
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	53.	0	•

Name(s) as shown on Form NJ-1040 POKALA JANAKINATH

Your Social Security Number

858094117

1555

NJ-1040 2022 Page 4

040MP04220

54.	Total Tax Due (Add lines 50 through 53)		54.	4720	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	5399	
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.	5399	
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.	679	
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.	679	

	e, correct, and complet	e. If prepared by a person other than the taxpayer, this declaration is	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 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: 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			Trenton, NJ 08647-0555

vivision Use: 1 2 3 4 5 6 7

Name(s) as shown on Form NJ-1040	Social Security Number
POKALA JANAKINATH	858-09-4117

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	ist the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or bersonal whether tangible or intangible as reported on federal Schedule D.										
	(a)	(b)	(c)	(d)	(e)	(f)					
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)					
	Robinhood Securities LLC	05/14/2022	12/31/2022	461.	475.	-14.					
2.	Capital Gains Distributions										
3.	Other Net Gains										
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					0.					

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	r.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? Yes No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Name(s) as shown on Form NJ-1040	Social Security Number
POKALA JANAKINATH	858-09-4117

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

New Jersey Gross Income Tax Business Income Summary Schedule

	(,					
P	Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.												
	Business Name	Social S		rity N al Ell		ber/			Profit or (Loss)				
1.													
2.													
3.													
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Entline 18, NJ-1040. If loss, make no entry on line		on			4.							
Part II Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.													
	Partnership Name	Federa	I EIN	l		Income or (Loss) Business Al					Share of Pass-Thr Business Alterna Income Tax	ternative	
1.													
2.													
3.													
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)				4.								
5.	Total Share of Pass-Through Business Alternation (Add lines 1, 2, and 3.)(Enter here and include o			10.)	5.								
P	art III Net Pro Rata Share of S Co	rporation	Inc	om	е						of income (usable n(s). See instructior	ns.	
	S Corporation Name	Federal El	N			Share	of	S Corporable Loss	ation	Share	e of Pass-Through Bus Alternative Income Tax	iness	
1.													
2.													
3.													
4.	Net Pro Rata Share of S Corporation Income or (Usak (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ If loss, make no entry on line 22.)		4.										
5.	Total Share of Pass-Through Business Alternative Inco (Add lines 1, 2, and 3.)(Enter here and include on line 6		5.										
P	Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights								Гуре				
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Se Fe		ty Nu I EIN		er/ Type – Enter number from list above Income or (Income or (Loss)				
1.	1-5-363/3SURYANAGAR COLONY	858094	<u> 117</u>					1			-13,430.		
2.													
3.													
4. Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 413,430.													

Name(s) as shown on Form NJ-1040	Social Security Number
POKALA JANAKINATH	858-09-4117

Schedule NJ-BUS-2 New Jersey Gross Income Tax
(Form NJ-1040) Alternative Business Calculation Adjustment

			Column A			Column B
Par	t I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)
1.	Net Profits From Business	1a.	0.		1b.	0.
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-13,430.
5.	Loss Carryforward From Tax Year 2021				5b.	(
6.	Totals	6a.	0.		6b.	-13,430.
Par	t II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.			
9.	Business Increment (Subtract line 8 from line 7)	9.	0.			
10.	Adjustment Percentage	10.		0.50		
_	Alternative Business Calculation					

Instructions

Line 1a. Enter the amount from line 18, Form NJ-1040.

12. Loss Carryforward to Tax Year 2023

- 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.

13,430

12. (

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return POKALA JANAKINATH	Social Security No. 858-09-4117
Part I	
Did you and, if applicable, all members of your tax household, have r coverage for every month in 2022 (See instructions for line 53, NJ-10 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of your every month each person had minimum essential health coverage or (part-year residents include only months as a New Jersey resident). I exemption, enter the exemption number. (See instructions for line 53 more than one exemption number, check the box. If you need more sany additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet.	qualified for an exemption If an individual qualified for an NJ-1040.) If an individual has space, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i	· · · ·		
Exemption Code	l	ļL	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l -		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code			[∟∟⊥ Check	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Vidual			i i i i i	Ι	\Box		
Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			·		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	