#### 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)

Taxpayer's name	Social security number
BALAJI PULLURI	771-69-6929
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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.	
<b>1</b> Adjusted gross income	<b>1</b> 103,694.
<b>2</b> Total tax	<b>2</b> 15,610.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 17,798.
4 Amount you want refunded to you	<b>4</b> 2,188.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	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

X	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	Er
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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 enter of	or generate	my PIN

Enter five digits, but don't enter all zeros

as mv

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 >	Da	ate 🖡					 	
Practitioner PIN Method Returns Only—co	ontinue	bel	ow					
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.	5	1		 	3 1	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	re ► Date ►										
ERO Must Retain This F Don't Submit This Form to the	-										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)								

Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       Immber       Immber <th><b>1040</b></th> <th></th> <th>Internal Revenue Servi S. Individual Income Tax</th> <th></th> <th>urn 2</th> <th>202</th> <th>2</th> <th>OMB No. 1545</th> <th>-0074</th> <th>IRS Use O</th> <th>nly—D</th> <th>o not w</th> <th>rite or staple i</th> <th>in this space.</th>	<b>1040</b>		Internal Revenue Servi S. Individual Income Tax		urn 2	202	2	OMB No. 1545	-0074	IRS Use O	nly—D	o not w	rite or staple i	in this space.
One box       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or GSS box, enter the child's name if the qualifying person is a child but noy your dependent:       Your for name and middle initial       Last name       Your social social yourly number         BALAUT       YOU for name and middle initial       Last name       Spouse's social social yourly number         Joint Daving, spouse's first name and middle initial       Last name       Spouse's social social yourly number         Z3550 BOCA_PTELLO_TER       Apl. no.       Presidential Election Campaign         City, town, or post office. If you have a PO. too, soo instructions.       VA       2014 bit         Foreign country name       Foreign province/stateCountry       Foreign country came       Torongo notal code         State       ZZ code       Spouse infining light, want 35       Soouse infining light, want 35       Last name         State       ZZ code       Spouse infining light, want 35       Last name       Image: State social social your infining light asset or a digital asset for a digital asset for a digital asset for a digital asset for a digital asset or a digital asset for a digital asset or a digital asset form in thor of the social social your infining light and the social social your infinit your a disocial social your infining light and the	-	XS	Single  Married filing jointly	] Marrie	d filing sepa	arately (N	1FS)	Head of	house	hold (HOH)	)			/iving
BALAJI         PULLURI         771-69-6929           If jeint num, spoce's first name and middle initial         Last name         Societ's social security number           Home address journber and attend; if you have a P.O. box, see instructions.         Act no.         Presidential Election Campaign Check here if you or your           City, town, or post office. If you have a foreign address, also complete spaces below.         State         21P code         You         Spoces filing jority, want S3 to go to think checkings, gift, or otherwise dispose of a digital asset or a nancial Interest in a digital asset?         Societ acoust         You         Spoces filing jority, want S3 to go to think checkings, gift, or otherwise dispose of a digital asset or nancial Interest in a digital asset?         You         Spoces filing jority, want S3 to go to think checkings, gift, or otherwise dispose of a digital asset or hancial Interest in a digital asset?         You         Spoces           Standard         Someone can claim:         You as a dependent         Your spoces a dependent         Your spoces         You spoce         You spoce ad digital asset or the intructions;         You asset adependent         Your spoces         You for the weak for the intructions;         You as a dependent intructions;         You spoce ad digital asset or the intructions;         You asset adependent intructions;         You asset de		-		-	our spouse.	. If you ch	neck	ed the HOH o	QSS	box, enter	the c			ne qualifying
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-0. box, see instructions.       Apt. no.       Presidential Election Campaign         23550 BOCA FIELD TER       Colt, town, or port office. If you have a foreign address, also complete spaces below.       State       ZP node         2014 as       Colt, town, or port office. If you have a foreign address, also complete spaces below.       State       ZP node         Foreign country name       Foreign province/state/scountry       Foreign province/state/sco	Your first name	and mi	ddle initial	Last nan	ne						Y	our so	cial securit	y number
Home address (number and streed; If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign State         23550       DCCA       FIELD       TER       Check here if you, or your spouse filling jointly, want 35         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2P code       box below will not change box below will not change         Foreign country same       Foreign province/state/acounty       Foreign province/state/acounty       Foreign province/state/acounty       Foreign province/state/acounty       Image province/s	BALAJI			PULL	URI						7	71-6	<u> 59-692</u>	9
23550 BOCA FIELD TEX       Check here if you have a foreign address, also complete spaces below.       State       ZIP code       Check here if you have a foreign address, also complete spaces below.       VA       ZUP code       box below will not change by our tax or iffing proty, want Sa by OLD         ASSEDUR       VA       ZU148       box below will not change by our tax or iffing proty, want Sa by OLD       box below will not change by our tax or iffing proty, want Sa by OLD       box below will not change by our tax or iffing proty, want Sa by OLD         Digital Asset of the function of the vise dispose of a digital asset of or a financial interest in a digital asset (7 (See instructions))       Yee       Yee       No         Standard Someone can claim:       You as dependent       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       Yee       No         Age/Blindness       You:       Were bom before January 2, 1958       Are bind       Spouse:       Was bom before January 2, 1958       Is bind         Dependents       Issee instructions;       (1) First name       Last name       Inumber       Chick tax credit Credit dependent         Dependents       Issee instructions;       (2) Social security       (3) Feating address       Issee instructions;	lf joint return, sp	ouse's	first name and middle initial	Last nar	ne						S	ouse'	s social sec	curity number
Construction       Construction       State       ZIP code       pouse if filing jointly, want SS         AS HEURN       VA       20143       pouse if filing jointly, want SS         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       pouse if filing jointly, want SS         Assets       exchange, gift, or otherwise dispose of a digital asset (or a fancial asset)? (See instructions).       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       Yes       No         Dependents, (see instructions):       (I) First name       (I) First name <td< td=""><td></td><td></td><td></td><td>instructio</td><td>ons.</td><td></td><td></td><td></td><td>A</td><td>Apt. no.</td><td>-</td><td></td><td></td><td></td></td<>				instructio	ons.				A	Apt. no.	-			
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Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (g) Social security       (g) Relationship       (h) Check the box if qualifies for (see instructions):         If more than four dependents.       (g) Social security       (g) Relationship       (h) Check the box if qualifies for (see instructions):         Income than four dependents.       Image: see instructions       Image: see instructions):       Image: see instructions):       Image: see instructions):         Income the rest of the maximum set of the see instructions):       Image: see instructions):	-						-		-				Yes	X No
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Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions); Child tax credit         if more than four dependents, see instructions and check       (1) First name       Last name       (2) Social security number       (3) Relationship to you         if more than four dependents, see instructions and check       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         inf check       1       Total amount from Form(s) W-2, box 1 (see instructions)       1 <td>Deduction</td> <td><u> </u></td> <td>Spouse itemizes on a separate retur</td> <td>n or you</td> <td>were a dua</td> <td>al-status a</td> <td>alien</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dua	al-status a	alien							
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       112,794.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1e         UP09-Ri ft ax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e       1g         get a Form       g       Wages from Form 8919, line 6       1f       1g       1f         get a Form       h       Other earned income (see instructions)       1i       1z       112,794.         W-2, see       instructions.       1a       112,794.       1g       1g         if required.       a       Qualified dividends       3a       5.       1f       1g         standard       gualified dividends       3a       5.       b       Taxable amount       4b       5b         Standard       Secial security benefits       5a       b       Taxable amount       5b       1f       103, 694.         V22,980       instructions for       6a       0       1b       103, 694.       103, 694.         Standard       Deductin for       6											<u>ן</u> ו		[	
Ite of the second of the se		1a	Total amount from Form(s) W-2 b	ov 1 (see	instruction	19)						1a	1-	<u> </u>
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-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 form       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         get a Form       W       Wages from Form 8919, line 6       1g         get a Form       Mottaxable combat pay election (see instructions)       1i       1g         wes withheld.       f       Nontaxable combat pay election (see instructions)       1i       12       112,794.         Attach Sch. B       2a       b       Taxable interest       2b       195.         a Qualified dividends       3a       5.       b       Ordinary dividends       3b       6.         etauter form       4a       b       Taxable amount       4b       5b       5b         Deduction form       6a       b       Taxable amount       5b       6b       10       5c         Standard       Deget riting if required.       Gaia	Income										•			
W-2 ref. Also attach Form       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       F       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not get a Form       9       Wages from Form 8919, line 6       1g         W-2, see instructions.       1       1g         Z       Add lines 1a through 1h       1i         Attach Sch. B       2a       b       Taxable interest       2b         Attach Sch. B       2a       b       Taxable interest       2b       195.         Attach Sch. B       2a       b       Tax-exempt interest       2b       195.         Standard Deduction for- 6a       Social security benefits       5a       b       Ordinary dividends       3b       6.         Standard Deduction for- 6a       Social security benefits       5a       b       Taxable amount       6b       6b         V.2 (see 11 you elect to use the lump-sum election method, check here (see instructions)       7       7       425.         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       425.       9       103, 694.         Standard Deduction for- Sespearately, or coulding points genouse.       11       103, 694.       12       <	Attach Form(s)										•			
W-2G and 1099-Ri ftax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         109-Ri ftax 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 W-2, see instructions.       h       Other earned income (see instructions)       1i         xV-2, see instructions.       z       Add lines 1a through 1h       1z       112, 794.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable amount       2b       195.         3a       5.       b       Ordinary dividends       3b       6.         4a       b       Taxable amount       4b       5b         5a and and be coll security benefits       5a       b       Taxable amount       6b         Standard Deduction for- Single or Married filing genaritely, S12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       425.         8       Other income from Schedule 1, line 10       10       52.       10       52.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       103, 694.         9													_	
1099-Riftax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         if you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       Nontaxable combat pay election (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       112,794.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       195.         4a       B       Tax-exempt interest       2a       b       Ordinary dividends       3b       6.         5a       G       a       Qualified dividends       5a       b       Taxable amount       4b         Standard       Social security benefits       6a       b       Taxable amount       5b         Pensions and annuities       5a       b       Taxable amount       6b       6b         Social security benefits       6a       b       Taxable amount       6b       6b         Married filing separately, S119,900       Other income from Schedule 1, line 10       Tor required, check here       <		e			. ,			,				1e		
Was withined.       Wass from Form 8919, line 6       1g         If you did not get a Form       Wages from Form 8919, line 6       1h       0.         W-2, see instructions.       Nontaxable combat pay election (see instructions)       1i       1h       0.         W-2, see instructions.       X Add lines 1 a through 1h       1z       112, 794.       112, 794.         Attach Sch. B       Za       Tax-exempt interest       2a       b       Draxable interest       2b       195.         Attach Sch. B       Za       Qualified dividends       3a       5.       b       Ordinary dividends       3b       6.         4a       Deduction for- Single or       Sa       5a       b       Taxable amount       4b       5b         6a       Social security benefits       Ga       b       Taxable amount       6b       6b         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       425.       8       -9,726.         Maried filing separately, St2,9500       8       Other income from Schedule 1, line 10       7       425.       8       -9,726.         10       Subtract line 10 from line 9. This is your total income       11       103,694.       10         11		f	•										-	
In your out out of the second of the seco		q										1g		
W-2, see instructions.       i       1i       1i         Attach Sch. B       2a       Add lines 1a through 1h       1z       112,794.         Attach Sch. B       2a       Tax-exempt interest       2a       b       1b       1z       112,794.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Definition       2b       195.         Attach Sch. B       2a       Qualified dividends       3a       5.       b       Ordinary dividends       3b       6.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       425.       8       -9,726.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       10       103, 694.       10         9       103, 694.       11       103, 694.       12       12, 950.       12       12, 950.       11       10, 694.			Other earned income (see instructi	ions) .										0.
Instructions.       z       Add lines 1a through 1h       112,794.         Attach Sch. B       2a       Tax-exempt interest       1z       112,794.         Attach Sch. B       2a       Tax-exempt interest       2b       195.         if required.       3a       Qualified dividends       3a       5.       b Ordinary dividends       3b       6.         4a       IRA distributions       4a       b Taxable amount       4b       4b         5a       Pensions and annuities       5a       b Taxable amount       5b       6c         6a       Social security benefits       6a       b Taxable amount       5b       6b         6a       Social security benefits       6a       b Taxable amount       6b       7         4a       Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         512,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       425.         8       Other income from Schedule 1, line 10       7       425.       8       -9,726.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       103, 694.         10       Subtract line 10 fr		i	Nontaxable combat pay election (s	see instru	uctions) .			1i						
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       195.         if required.       3a       Qualified dividends       3a       5.       b       Ordinary dividends       3b       6.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       F       Capital gain or (loss). Attach Schedule D if required. If not required, check here       5c       7       425.         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       425.         8       Other income from Schedule 1, line 10       9       103, 694.         9       103, 694.       10       10       10       10         9       103, 694.       11       103, 694.       12       12, 950.         14       12, 950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0.         <		z										1z	11	12,794.
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       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       425.         8       -9,726.       9       103,694.       9       103,694.         9       103,694.       10       11       103,694.       12         19,400       11       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0.       14       12,950.         14       Add lines 12 and 13       Subtract line 14 from line 11.<	Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b		195.
Standard Deduction for-       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a		5.	<b>b</b> 0	rdinary divide	nds .			3b		6.
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         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       425.         8       Other income from Schedule 1, line 10       7       425.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       103, 694.         10       Adjustments to income from Schedule 1, line 26       10       10         9       Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       103, 694.         11       103, 694.       12       12, 950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0.         14       12, 950.       14       12, 950.       14       12, 950.		4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing separately, \$12,950</li> <li>Married filing separately, \$12,950</li> <li>Married filing separately, \$12,950</li> <li>Married filing generated filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Married filing jointly or Qualifying</li> <li>Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Married filing jointly or Qualifying</li> <li>Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income</li> <li>Married filing jointly or Qualified business income deductions (from Schedule A)</li> <li>Married filing jointly or Married filing</li> <li>Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Married filing jointly or Married filing jointly or definition form line 11. If zero or less enter -0- This is your taxable income</li> </ul>	Standard	5a	Pensions and annuities	5a			b Ta	axable amoun	t			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	t			6b		
\$12,950       7       Capital gain of (loss). Attach Schedule D in required. In four required, check here       1       42.5.         • 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       10.3, 694.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       10.3, 694.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0.         • If you checked any box under Standard       14       12,950.       14       12,950.         • If you checked any box under Standard       15       90.744	Married filing	с	If you elect to use the lump-sum e	lection m	nethod, che	eck here (	see	instructions)						
<ul> <li>Married filing jointly or Qualifying spouse, surviving spouse, specific definition of the spe</li></ul>		7	Capital gain or (loss). Attach Schee	dule D if	required. If	not requ	ired	, check here				7		425.
Qualifying surviving spouse, \$25,900       9       103,694.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       103,694.         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       0.         14       12,950.       14       12,950.         15       Subtract line 14 from line 11       11 f zero or less enter -0-       15       90       744	Married filing	8	Other income from Schedule 1, line	e10.								8		-9,726.
\$25,900       10       Adjustments to income non-schedule 1, me 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       103,694.         12       12       12,950.       12       12,950.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0.         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       90,744	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. 1	This is your	total inc	ome	ə				9	10	)3,694.
• Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       103,694.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard Deduction, Deduction, Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       0.         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       90,744		10	Adjustments to income from Sche	dule 1, li	ne 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       0.         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       90       744	Head of	11	Subtract line 10 from line 9. This is	s your <b>ad</b>	ljusted gro	ss incon	ne					11	10	)3,694.
• If you checked any box under Standard Deduction,       13       0.         14       Add lines 12 and 13       14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income.       15       90.744		12	Standard deduction or itemized	deducti	<b>ons</b> (from S	Schedule	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       90       744	If you checked	13	Qualified business income deduction	ion from	Form 8995	or Form	899	5-A				13		0.
	Standard	14										14		
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -0	This is yo	our <b>t</b>	axable incon	ne.		•	15		30,744.

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

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	15,610.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	15,610.
	19	Child tax credit or credit for other depend	ents from Scheo	lule 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 les	s, enter -0			[	22	15,610.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is your total tax				[	24	15,610.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 17	,798.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	17,798.
	26	2022 estimated tax payments and amoun				[	26	·
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are ye			-		32	
	33	Add lines 25d, 26, and 32. These are your				· · ·	33	17,798.
	34	If line 33 is more than line 24, subtract line					34	2,188.
Refund	35a	Amount of line 34 you want <b>refunded to</b>					35a	2,188.
Direct deposit?	b	Routing number         1         1         1         0         0         0				Savings		,
See instructions.	d	Account number 4 8 8 0 6 4				Janige		
	36	Amount of line 34 you want <b>applied to yo</b>			36			
Amount	37	Subtract line 33 from line 24. This is the a						
You Owe	37	For details on how to pay, go to <i>www.irs</i> .					37	
	38	Estimated tax penalty (see instructions)	-		38		01	
Third Party		you want to allow another person to c						
Designee						mplete be	low.	X No
Decignee	De	signee's	Phone			nal identific		
	nar		no.		numb	er (PIN)		
Sign		der penalties of perjury, I declare that I have exan						
Here	bel	ef, they are true, correct, and complete. Declaration	on of preparer (othe	er than taxpayer) is ba	ased on all informatio		•	, ,
	Yo	ur signature	Date	Your occupation				t you an Identity N, enter it here
Joint return?				SOFTWARE 1	FNCINFFR	(see in		
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign	Date	Spouse's occupat		If the I	RS sen	t your spouse an
Keep a copy for	op		Buto					ction PIN, enter it here
your records.						(see in	st.)	
	Ph	one no. (901) 359-7912	Email address	BALAJIPULL	URI@GMAIL.CO	М		
Paid	Pre	parer's name Preparer's sig	nature		Date	PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	04/05/2023	P02082	703	Self-employed
Preparer	Firi	n's name GLOBAL TAXES LLC			· · · · · · · · · · · · · · · · · · ·	Phone	no. (	678)965-9522
Use Only	Firi	n's address 245 ROONEY CT E B	RUNSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/22/23 PRO			Form <b>1040</b> (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 Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. <b>01</b>
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BALAJI PULLURI	771-69	-6929
Part I Additional Income		

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-9,726.
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		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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		8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z				
		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		10	-9,726.

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-b	asis gove	rnment		
	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)	1a			
b	Deductible expenses related to income reported on line 8I from the				
		4b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		1c			
d		4d			
е	Repayment of supplemental unemployment benefits under the Trade				
		1e		_	
f		4f			
g	, , , , , , , , , , , , , , , , , , , ,	1g			
h	Attorney fees and court costs for actions involving certain unlawful	_			
		4h		-	
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				
		4i		-	
1	•	4j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		1k		-	
Z	Other adjustments. List type and amount:				
05		4z		05	
25	Total other adjustments. Add lines 24a through 24z		 	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			06	
				26	
	BAA	REV 03/22/23 PR	0	Schedul	e 1 (Form 1040) 2022

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.



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

Your social security number 771-69-6929

BALAJI PULLURI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No **Yes** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss fron Form(s) 8949, Part line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	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.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	4,121.	3,096.		38.	1,113.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	()	, ,	7	1,113.

#### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

lines This	his form may be easier to complete if you round off cents to (sales price) Cost to gain Form(s)		(g) Adjustme to gain or los Form(s) 8949, line 2, colun	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and 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 <b>Box D</b> checked	433.	1,121.			-688.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	14	( )				
15	Net long-term capital gain or (loss). Combine lines 8a on the back	-			15	-688.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	le D (Form 1040) 2022

Schedule D (Form 1040) 2022

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 425.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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.	

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

# Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Internal Revenue Service Name(s) shown on return

PULLURI

BALAJI

Department of the Treasury

771-69-6929

Social security number or taxpayer identification number

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.

Part I 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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		), (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/22	4,101.	3,096.	W	88.	1,093.	
Apex Clearing	01/01/22	12/13/22	20.	0.			20.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	4.121.	3,096.		88.	1,113.	

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.

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

Form 8949 (2022)	Attachment Seque

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side BALAJI PULLURI

Attachment Sequence No. **12A** Page **2** 

Social security number or taxpayer identification number

771-69-6929

Before you check Box D, E, or F 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.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	See the separate instructions.		(e)If you enter an amount in column (g) enter a code in column (f).Cost or other basis tee the Note below ind see Column (e) in the separate instructions.See the separate instructions.(f)(g) Code(s) from(g) Amount of		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/21	433.	1,121.			-688.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		433.	1,121.			-688.			

Note: If you checked Box D 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.

REV 03/22/23 PRO

SCHEDULE	Ε
(Form 1040)	

### Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2022	
Attachment	

iternal I	Revenue Service		Go to www	v.irs.gov/ScheduleE fo	r instru	uctions a	nd the la	itest ir	formation.		Sequen	ce No.	13	
ame(s)	shown on return									Your soci	al security	numbei		
ALA	JI PULLURI									771-6	9-6929			
Part		or Los	s From Rei	ntal Real Estate ar	nd Ro	yalties								
	Note: If you	are in t	he business of	renting personal proper <b>835</b> on page 2, line 40.	rty, use	Schedul	e C. See	e instru	ctions. If you	are an indi	vidual, rep	ort farn	n	
				hat would require you	to file	Form(s)	10992.5	See ing	tructions			s X	No	
				ed Form(s) 1099?									No	
											10		110	
1a				(street, city, state, ZI		•								
Α	4-1-85/A MA	AIN F	ROAD SIR	CILLA TELANGAN	NA II	1 5053	01							
B														
С														
1b	Type of Property			ental real estate prope				Fa	ir Rental		nal Use	Q	JV	
	(from list below)	)		ort the number of fair se days. Check the Q					Days	Da	ays			
<u>A</u>	3			the requirements to			A		365		0		<u> </u>	
B				int venture. See instru			B						<u> </u>	
С							C					L		
	of Property:		0.14					-						
	Single Family Res			ation/Short-Term Ren	ital	5 Lan			Self-Rental					
21	Multi-Family Resi	Idence	4 Con	nmercial		6 Roy	alties	8	Other (deso	cribe)				
									Proper	ties:				
com	e:						Α		В			С		
3	Rents received				3		5	84.						
4	Royalties receive	ed.			4									
pen	ses:													
5	Advertising .				5									
6	Auto and travel	(see in	structions)		6									
7	Cleaning and ma	aintena	ance		7		8	49.						
3	Commissions				8									
9	Insurance				9									
)	Legal and other	profes	sional fees		10									
1	Management fee	es.			11		1,2	44.						
2				c. (see instructions)	12									
3	Other interest				13									
1	Repairs				14		3,1	74.						
5	Supplies				15		3,1	59.						
6	Taxes				16									
7	Utilities				17		1,8	84.						
3	Depreciation exp	pense	or depletion		18									
9	Other (list)				19							-		
)	Total expenses.	Add li	nes 5 throug	n 19	20		10,3	10.						
1				and/or 4 (royalties). If										
	result is a (loss),	, see ir	structions to	find out if you must										
	file Form 6198				21		-9,7	26.						
2				fter limitation, if any,										
	on Form 8582 (s	see ins	tructions) .		22	(	9,72	26.)	(	)	(		)	
Ba	Total of all amou	unts re	ported on line	e 3 for all rental prope	erties			23a		584.				
b	Total of all amou	unts re	ported on line	e 4 for all royalty prop	perties			23b						
С	Total of all amou	unts re	ported on line	e 12 for all properties				23c						
d	Total of all amou	unts re	ported on line	e 18 for all properties				23d						
е	Total of all amou	unts re	ported on line	e 20 for all properties				23e	1	0,310.				
1	Income. Add p	ositive	amounts sho	own on line 21. <b>Do no</b>	ot inclu	ide any l	osses							
5	Losses. Add roy	alty los	ses from line	21 and rental real esta	te loss	es from l	ine 22. E	Enter to	otal losses he	ere <b>25</b>	(	9,72	26.)	
6	Total rental rea	al esta	te and roval	ty income or (loss).	Comb	ine lines	24 and	25. E	nter the res	ult				

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

.

### Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

#### Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294
20 <b>22</b>
Attachment
Sequence No. 55

Name(s) shown on return

BALAJI PULLURI

Your taxpayer identification number

771-69-6929

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name (b) Taxpayer identification num		(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)				
3	Qualified business net (loss) carryforward from the prior year				
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	———————————————————————————————————————			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	1.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior				
	year	)			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	-			
9	or less, enter -0	1.	9	Ο.	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10	0.	
11	Taxable income before qualified business income deduction (see instructions)   11   90,7	-		<u>0 .</u>	
12	Net capital gain (see instructions)	5.			
13	Subtract line 12 from line 11. If zero or less, enter -0	39.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	18,148.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amoun				
	the applicable line of your return (see instructions)	-	15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0		16	( 0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater t zero, enter -0		17	( 0.)	
For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/22/23 PRO	I		Form <b>8995</b> (2022)	

Illinois Department of Revenue 2022 Form IL-1040 Individual Income Tax Return

or for fiscal year ending \_\_\_\_/\_\_\_

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

E	BAL 235 ASH Fili	50 BOCA FIELD TE BURN N ng status: 🔀 Single [	/A 20148 BALAJIPULLURI@GMAI ☐ Married filing jointly ☐ Mar	L.COM ried filing separately Widowe			
				esident - <b>Attach</b> Sch. NR			NR
-					t your rooldonit		le dollars only)
_	5te 1 2 3 4		Schedule M.	040 or 1040-SR, Line 11. n your federal Form 1040 or 1040	)-SR, Line 2a.	1 2 3 4	103,694.00 .00 .00 103,694.00
↓	Ste 5	p 3: Base Income Social Security benefits	s and certain retirement plan inc	ome			
Ø	c	received if included in L	ine 1. Attach Page 1 of federal	return.	5	.00	
her	6	Schedule 1, Ln. 1.	payment included in federal Forr	n 1040 or 1040-SR,	6	.00	
ms.	7	Other subtractions. Atta			7	.00	00
) foi	8 9		This is the total of your subtracti Subtract Line 8 from Line 4.	UNS.		8 9	.00 103,694 <sub>.00</sub>
1099		p 4: Exemptions					
Staple W-2 and 1099 forms here	10	<ul> <li>b Check if 65 or older:</li> <li>c Check if legally blind</li> <li>d If you are claiming de Attach Schedule IL-E</li> </ul>	I: ☐ You + ☐ Spouse pendents, enter the amount from	<pre>buse. See instructions. # of checkboxes X \$1,000 = # of checkboxes X \$1,000 = Schedule IL-E/EIC, Step 2, Line 1.</pre>	с	.00	2,425 <sub>.00</sub>
S	Ste	p 5: Net Income and					
↑	11	Residents: Net incom Nonresidents and par	e. Subtract Line 10 from Line 9.	<b>bis net income</b> from Schedule NR.	Attach Schedule	NR. <b>11</b>	13,464.00
		Nonresidents and par	rt-year residents: Enter the tax	from Schedule NR.	X	12	00.000
7-0	13 14		nt tax credits. <b>Attach</b> Schedule			13 14	.00 066 <u>.00</u>
040	Ste	p 6: Tax After Nonref	undable Credits				
IL-1	15		ther state while an Illinois reside		15	.00	
pu	16	Attach Schedule ICR.	education expense credit amou	it from Schedule ICR.	16	.00	
ck ê	17		hedule 1299-C. <b>Attach</b> Schedul		17	.00	0.00
che	18 19		ole credits. Subtract Line 18 fro	s. Cannot exceed the tax amount m Line 14.	on Line 14.	18 19	0 <u>.00</u> 666.00
our	Ste	p 7: Other Taxes					
le y	20 21	Household employmen		rahaaaa from LIT Warkabaat ar LI	T Tabla	20	.00
Staple your check and IL-1040-V	21	in the instructions. <b>Do r</b>		rchases from UT Worksheet or U		21	0.00
	22			nd sale of assets by gaming licen	see surcharges.	22	<u>.00</u> 666 <sub>.00</sub>
•	23	Total Tax. Add Lines 19	9, 20, 21, and 22.			23	.00



24	Total tax from Page 1, Line 23.	24	666.00						
Ste	Step 8: Payments and Refundable Credit								
25	5 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25682.00								
26	Estimated payments from Forms IL-1040-ES and IL-505-I,								
	including any overpayment applied from a prior year return. 26	00							
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	<u>00</u>							
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28	<u>00</u>							
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	00							
30	Total payments and refundable credit. Add Lines 25 through 29.	30	682.00						
Ste	ep 9: Total								
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	16.00						
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00						
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations								
33	Late-payment penalty for underpayment of estimated tax. 33	<u>)0</u>							
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.								
	<b>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.								
	c 🔲 Check if your income was not received evenly during the year and you annualized your income on Form	m IL-2210.							
	Attach Form IL-2210.								
	<b>d</b> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.								
24									
		<u>)0</u>							
35	Total penalty and donations. Add Lines 33 and 34.	<u>)0</u> <b>35</b>	.00						
35	•		.00						
35 Ste	Total penalty and donations. Add Lines 33 and 34.								
35 Ste	Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe		16.00						
35 Ste 36	Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.	35							
35 Ste 36 37	Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment.		16.00						
35 Ste 36 37	Total penalty and donations. Add Lines 33 and 34. ep 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.		16.00						
35 Ste 36 37	Total penalty and donations. Add Lines 33 and 34. P 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box.	35 36 37	16.00						
35 Ste 36 37	Total penalty and donations. Add Lines 33 and 34.         Total penalty and donations. Add Lines 33 and 34.         P 11: Refund or Amount you owe         If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.         This is your overpayment.         Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.         I choose to receive my refund by       a I direct deposit - Complete the information below if you check this box.         You may also contribute to college savings funds         Routing number       1       1       0       0       2       5       X Checking or		16.00						
35 Ste 36 37	Total penalty and donations. Add Lines 33 and 34.         Total penalty and donations. Add Lines 33 and 34.         Phase of the second structure of th	35 36 37	16.00						
35 Ste 36 37	Total penalty and donations. Add Lines 33 and 34.         Total penalty and donations. Add Lines 33 and 34.         P 11: Refund or Amount you owe         If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.         This is your overpayment.         Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.         I choose to receive my refund by         a I direct deposit - Complete the information below if you check this box.         You may also contribute to college savings funds         Routing number 1 1 1 0 0 0 0 2 5 X Checking or	35 36 37	16.00						
35 Ste 36 37 38	Total penalty and donations. Add Lines 33 and 34.         Total penalty and donations. Add Lines 33 and 34.         P 11: Refund or Amount you owe         If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.         This is your overpayment.         Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.         I choose to receive my refund by         A Moting number 1 1 1 0 0 0 0 2 5 X Checking or Lock this box.         You may also contribute to college savings funds here. See instructions!         Noting number 1 1 1 0 0 0 0 2 5 X Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1	35 36 37	16.00						
35 Ste 36 37 38 39	Total penalty and donations. Add Lines 33 and 34.         ep 11: Refund or Amount you owe         If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.         This is your overpayment.         Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.         I choose to receive my refund by         a I direct deposit - Complete the information below if you check this box.         You may also contribute to college savings funds here. See instructions!         Routing number 1 1 1 0 0 0 0 2 5 × Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1         b paper check.         Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	35 36 37 Savings	16 <u>.00</u> 16 <u>.00</u>						
35 Ste 36 37 38 39	Total penalty and donations. Add Lines 33 and 34.         ep 11: Refund or Amount you owe         If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.         This is your overpayment.         Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.         I choose to receive my refund by         a ⊠ direct deposit - Complete the information below if you check this box.         You may also contribute to college savings funds here. See instructions!         Routing number 1 1 1 0 0 0 0 2 5 × Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1         b □ paper check.         Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.         If you have an amount on Line 32, add Lines 32 and 35 or -	35 36 37 Savings	16 <u>.00</u> 16 <u>.00</u>						
35 Ste 36 37 38 39	Total penalty and donations. Add Lines 33 and 34.         ep 11: Refund or Amount you owe         If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.         This is your overpayment.         Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.         I choose to receive my refund by         a I direct deposit - Complete the information below if you check this box.         You may also contribute to college savings funds here. See instructions!         Routing number 1 1 1 0 0 0 0 2 5 × Checking or Account number 4 8 8 0 6 4 4 7 8 6 0 1         b paper check.         Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	35 36 37 Savings	16 <u>.00</u> 16 <u>.00</u>						

#### Step 12: Health Insurance Checkbox and Signature

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

#### Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyy	y)	Daytime phone	e number	
Here								<b>(</b> 901 <b>)</b> 359	-7912	
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy)		Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023			self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN		843171965			
obe only	Firm's address	's address > 245 ROONEY CT H			BRUNSWICKNJ 08816			(678) 965	-9522	
Third	Designee's name (please print)			Designee's phone number		mber		Check if the Department may discuss this return with the third party designee shown in this step.		
Party										
Designee				( )						

### Refer to the 2022 IL-1040 Instructions for the address to mail your return.



٦	Illinois Department of Rev	venue
}	2022 Schedule	NR

Attach to your Form IL-1040

# **Nonresident and Part-Year Resident Computation of Illinois Tax**

IL Attachment No. 2

	BALAJI PULLURI	7 7 1 _ 6 9 _ 6 9 2 9
_	Your name as shown on your Form IL-1040	Your Social Security number
S	Step 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resider	it of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP yo	ou cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2022.
	a I lived in Illinois from// 2 2 to// 2 2 Month Day Year Month Day Year	lived in from/ / 2 2 to/ / 2 2 State Month Day Year Month Day Year
	<b>b</b> My spouse lived in <b>Illinois</b> from// <u>2</u> <u>2</u> to// <u>2</u> Month Day Year Month Day Ye	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.
	🗌 Iowa 📄 Kentucky 📄 Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2022.

## Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

### Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	112,794 <u>.00</u>	13,787 <u>.00</u>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	195.00	0.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	6 <u>.00</u>	0.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	425.00	0.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
ne	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
come	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
Ĕ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-9,726 <u>.00</u>	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	. 20	13,787.00
		Continue with Step 3 on Page 2			



### Schedule NR – Page 2

### Step 3: Continued

St	ер	3: Continued	Column A Federal Total		Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	13,787.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
Je	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
oD		Schedule 1, Line 14)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
	27	······································	~=		
; to			27	.00	.00
ents		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)		.00	.00
e		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)		.00	.00
đ	30		30	.00	.00
djustm	31		31	.00	.00
		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
∢	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 103,69	4.00	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss income.	38	13,787.00

# Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
at a	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	13,787.00
	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
i.c	?	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

# Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	13,787.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
	47	Enter the base income from Form IL-1040, Line 9.	47	103,694.00	
ati	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Ĩ		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 133	
Calculations	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,425.00	
S S	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
-		allowance.		50	323.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.	$\rightarrow$	51	13,464.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your <b>tax.</b>	$\rightarrow$	52	666.00



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use th	Use the reference for Column A shown in the chart below.										
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A								
W-2	W	1099-DIV	D								
W-2G	W-2G WG		I								
1099-R	R	1042-S	S								
1099-G	G	1099-B	В								
1099-MISC	М	1099-K	К								
1099-OID	0	1099-NEC	Ν								

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

ΒA	LAJI PULLUR	I		7	7	1 _	6	9 _	6	9	2	9
You	ur name as shown	Your	Your Social Security number									
Column A Column B Form type Employer/Payer Identification Number			Federal Wa Distributio		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld			
1	W	58-2137105 000 0	_ \$	112,794	• <u>00</u>	\$		13,787	<u>00</u>	\$	682	2 <b>•00</b>
2			\$		•00	\$			<u>00</u>	\$		• <u>00</u>
3			- \$		•00	\$			<u>00</u>	\$		•00
4			_ \$		• <u>00</u> •	\$			<u>00</u>	\$		• <u>00</u>
5			_ \$		• <u>00</u>	\$_			<u>00</u>	\$		• <u>00</u>

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Illinois Wage	<b>Diumn D</b> es, Winnings, Gross , Compensation, etc.		
6		- \$	•00	\$	•00	\$	•00
7		- \$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9		- \$ <u> </u>	•00	\$	•00	\$	•00
10		- \$	•00	\$	•00	\$	•00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

### Attach all Schedules IL-WIT to your IL-1040.

					1						
S Illinois	Departm	ent of Revenue	e 💷		l-LL		-				
S /		<b>3 Illinois Indi</b> IL-8453 to the Illing			ax Elec		-			on	
Step 1: Provide	taxpayer inf	ormation									
BALAJI			PULLUR			7 7		<u>6_9_</u>	6	9_2	2_9
First name and r Print 23550 BOC		pouse's first name (and last ER	name if different)	Last name	)	Social Sec	curity number	_			
or type Mailing address						Spouse's S	Social Securi	ty number			
ASHBURN		VZ	ł	20148	;	(901)	359-79	12			
City		Sta	ate	ZIP		Daytime pl	hone number	r			
Step 2: Complete information from tax return Choose one: X IL-1040 IL-1040-X											
1 Net income fro	m Form IL-10	40 or IL-1040-X, Line	11				-	1	13	,464	00
2 Tax from Form	IL-1040 or IL	-1040-X, Line 14						2		666	00
3 Illinois Income	Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none)						3		682	00	
4 Overpayment	from Form IL-	1040, Line 36 or IL-104	40-X, Line 35					4		16	00
		IL-1040, Line 40 or IL	,					5			00
6 Filing status:	X_Single	_ Married filing jointly	Married f	iling separate	lyWid	owed	Head of he	ousehold			
To initiate a payme does not support in within the United Si 7 Routing no. (R	ternational AC ternational AC tates or those N): $\frac{1}{2}$	posit of refund or electronsaction, the information of transactions. IDOR where the transactions is the transaction of transaction of the transaction of transaction of the transaction of transaction	mation in this vill only perform onal funds. Ele	<b>Step must b</b> m direct transa	e included actions ( <i>e.g</i>	within the	electronic posit) with f	financial i	nstitut	tions lo	cated
8 Account no. (A	N): <u>4</u> 8	8 0 6 4 4	7 8 6 (	) <u>1</u>		·					
9 Type of accourt	Type of account: X Checking Savings										
10 Date the paym	Date the payment is to be electronically withdrawn:/_/_/										

11 Electronic funds withdrawal amount: \_\_\_\_\_\_ 00\_

12 Name on account:

- -

#### Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign				
here	Your signature	Date	Spouse's signature (if joint return, both must sign)	Date

#### Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO use	 ERO's signature		04/05/2023 Date	Check if paid preparer: 🛛 (See instructions.)		
	GLOBAL TAXES LLC Firm's name or your name if self-employed			P 0 2 0 8 2 7 0 3		
				8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)		
	E BRUNSWICK	NJ	08816	(678) 965-9522		
	City	State	ZIP	Daytime phone number		

#### Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

