Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	er
NIT	ISH CHANDRA PONNAM	671-85	-2304	ł
Spouse	's name	Spouse's soc	ial secu	rity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			•
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	73,076.
2	Total tax		2	8,845.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,465.
4	Amount you want refunded to you		4	1,620.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our return)

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

Taxpayer's PIN: check one box only

\mathbf{V}	I authorize	CT.OBAT.	TAYES	LLC	to enter or generate my PIN	5)
	I authorize	GIUDAU	TAVED		to enter or generate my Fin		
				ERO firm name		드	л -

5	2	3	0	4	
Ent don	er fiv i't er	ve di Iter a	gits, all ze	but ros	as my

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 or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨	Date 🕨	
Practitioner PIN N	ethod Returns Only—continue below	
Part III Certification and Authentication – P	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8	9

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

ERO's signature >	signature Date Date						
	t Retain This Form — See Instructions s Form to the IRS Unless Requested To Do	So					
For Denemicarly Deduction Act Nation and vous toy ve		Earm 8870 (Bay, 01 2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO

1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Ta >		202	2	OMB No. 1545	-0074	IRS Use C	0nly—[Do not w	rite or staple	in this space.
-	x s	Single] Married fi	ling separately (N	1FS)	Head of	house	hold (HOH)		lifying sur Jse (QSS)	viving
Check only one box.		u checked the MFS box, enter the nation of the national section of the section of	,	spouse. If you ch	neck	ed the HOH or	QSS	box, enter	r the	•	· · ·	ne qualifying
Your first name	and mi	ddle initial	Last name						Y	'our so	cial securi	ty number
NITISH (CHANI	DRA	PONNAM						6	571-8	35-230	4
lf joint return, s	pouse's	first name and middle initial	Last name						s	pouse'	s social se	curity numbe
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.				on Campaigr
<u>122 E HU</u>					-		E				iere if you, if filing ioir	or your htly, want \$3
		ce. If you have a foreign address, also co	mplete space	es below.	Sta		ZIP c			•		Checking a
WARRENSE					MC		640				ow will not	•
Foreign country	/ name		Forei	gn province/state/c	count	iy	Foreig	n postal coo	de y	our tax	or refund.	
Digital Assets		y time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•	Your spouse re a dual-status a		•						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	re blind Spo	use	: 🗌 Was bor	n befo	ore Januar	ту 2, ^г	1958	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	e box	if quali	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	k crec	lit	Credit for ot	her dependents
than four dependents,												<u> </u>
see instruction	s ——											
and check	. —							L	<u> </u>			
here												
Income	1a ⊾	Total amount from Form(s) W-2, be	`	,			• •		·	1a 1b		83,180.
Attach Form(s)	b c	Household employee wages not re					• •		·	10		
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)					1d					
attach Forms W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					1e					
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
was withheld.	g.									1g		
If you did not get a Form	h	Other earned income (see instructi								1h		0.
W-2, see	i	Nontaxable combat pay election (s	,			11						
instructions.	z	Add lines 1a through 1h								1z		83,180.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest	: .			2b		
if required.	3a	Qualified dividends	3a		bС	rdinary divider	nds .			3b		
	4a	IRA distributions	4a		bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b		
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection meth	nod, check here (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if req	uired. If not requ	ired	, check here				7		-923.
 Married filing 	8	Other income from Schedule 1, lin	e10							8	-	-9,181.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. This	s is your total inc	ome	э				9		73,076.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 2	26						10		
Head of	11	Subtract line 10 from line 9. This is	s your adjus	ted gross incom	ne					11		73,076.
household, \$19,400	12	Standard deduction or itemized	deductions	(from Schedule	A)					12	:	12,950.
 If you checked any box under 	13	Qualified business income deduction	ion from For	rm 8995 or Form	899	5-A				13		
Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, er	nter -0 This is yo	our 1	axable incom	e.		•	15		60,126.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	8,845.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	8,845.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	8,845.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	8,845.
Payments	25	Federal income tax withheld								
,,	а	Form(s) W-2				25a	10	,465.		
	b	Form(s) 1099				25b			1	
	с	Other forms (see instruction				25c			-	
	d	Add lines 25a through 25c	,						25d	10,465.
	26	2022 estimated tax paymen							26	· · ·
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28			-	
	29	American opportunity credit	from Form 8863	8. line 8		29			-	
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31			-	
	32	Add lines 27, 28, 29, and 31					e credits		32	
	33	Add lines 25d, 26, and 32. T	,						33	10,465.
Defined	34	If line 33 is more than line 24							34	1,620.
Refund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	, ck here		. 🗆	35a	1,620.
Direct deposit?	b	Routing number 0 1 1				Check		Savings		
See instructions.	d	Account number 4 6 6						9		
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe						
You Owe	•	For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	•			r	Yes. Co	mplete l	below.	× No
		signee's		Phone				nal identi	fication	
	na			no.				er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here								1		nt you an Identity
	ŶŎ	ur signature		Date	Your occupation					IN, enter it here
Joint return?					ENGINEER				inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.									tity Prote inst.)	ection PIN, enter it here
,		(055)010 550	•						1131.)	
		one no. (857)919-570		Email address	NITHISHCE		AIL.CO			Charletife
Paid		eparer's name	Preparer's signat			Date	1 /0000	PTIN	0 7 0 0	Check if:
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/2	1/2023	P0208		Self-employed
Use Only		m's name GLOBAL TA			T 00016					678)965-9522
			Y CT E BRU	NSWICK N				Firm	's EIN	84-3171965
Go to www.irc.a	ov/Eorr	n1040 for instructions and the late	et information							Form 1040 (2020

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

SCHEDUL	.E 1
(Form 1040))

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 (() 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
NITISH CHANDRA	PONNAM	671-85	-2304

6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: 8a () 9 Net operating loss 8a () 9 Total other income: 8a () 9 Net operating loss 8a () 0 Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8e f Income from Form 8853 8f g Alask Permanent Fund dividends 8g h Jury duty pay 8f i Prizes and awards 8i j Activity not engaged in for profit income 8i k Stock options 8i i Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8n s Section 9514(a) inclusion (see instructions) 8n s Section 9514(a) inclusion (see instructions) 8g <th>Par</th> <th>t Additional Income</th> <th></th> <th></th> <th></th>	Par	t Additional Income			
2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 c Business income or (loss). Attach Schedule C 3 4 Cher gains or (losses). Attach Form 4797 4 5 Rental real estate, royatiles, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 6 7 Other income: 8a (8 Other income: 8a (9 Total other number of debt 8a 6 7 7 7 Business of number of debt 8a 6 7 8a 7 Bate of origin all other on the control of the form 2555 8a 6 Income from Form 8853 8e 7 Bate of personal property if you engaged in the rental for profit but were not in the business of renting such property 8i 1 Income from 10 form Structions) 8n 8a 1 Income from 10 for personal property if you engaged in the rental for profit but were not in the business of renting such property 8n 1	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (loss). Attach Form 4797 4 5 Rental real estate, royatlies, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 6 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (g Alaska Permanent Fund dividends 8f h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8i k Stock options 8m n Section 951A(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n r Scholarship and fellowship grants not reported on Form 1404(0) line 1 ao r1 4 8r s Nontaxable amount of Medicaid waiver payments included on Form 1404(0) line 1 ao r1 4 8r s Cotharship and fellowship grants not reported on Form 1404 8r s Cothars	2a			2a	
3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -9,181. 6 Farm income or (loss). Attach Schedule F. 6 7 7 Unemployment compensation 6 8 Other income: 8a (6 7 Babing 8a 7 7 Cancellation of debt 8a 7 7 Babing 8a 6 6 Foreign earned income exclusion from Form 2555 8d 7 8 Income from Form 8833 8e 8d 8g 9 Alaska Permanent Fund dividends 8g 8h 8g 1 Income from Form 8833 8f 8g 8k 8g 1 Pizes and awards 8i 8k 8g 8k 8g 1 Income from the rental of personal property if you engaged in the rental of personal property or property 8k 8a 8a 1 Income from the rental of personal property if you engaged in the					
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c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8853 8e f Income from Form 8889 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8h j Activity not engaged in for profit income 8i k Stock options 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8p g Taxable distributions from an onqualifed deferred compensation plan or a nongovernmental section 457 plan 8s (t Pension or annuity from a nonqualifed deferred compensat	а	Net operating loss	8a ()	
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gAlaska Permanent Fund dividends8ghJury duty pay8giPrizes and awards8ijActivity not engaged in for profit income8ijActivity not engaged in for profit income8ijIncome from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property8kmOlympic and Paralympic medals and USOC prize money (see instructions)8mnSection 951(a) inclusion (see instructions)8noSection 951(a) inclusion (see instructions)8ngSection 461(l) excess business loss adjustment8ngScholarship and fellowship grants not reported on Form W-28ggNontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d8s (uWages earned while incarcerated8ugTotal other income. Add lines 8a through 8z8ugTotal other income. Add lines 8a through 8z9	е	Income from Form 8853	8e		
h Jury duty pay	f	Income from Form 8889	8f		
i Prizes and awards 8i j Activity not engaged in for profit income 8j k Stock options 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n g 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 Wages earned while incarcerated 8u z Other income. List type and amount: 8z g Total other income. Add lines 8a through 8z 8z	g	Alaska Permanent Fund dividends	8g		
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k Stock options	i	Prizes and awards	8i		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81 m Olympic and Paralympic medals and USOC prize money (see instructions)	j	Activity not engaged in for profit income	8j		
for profit but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) n Section 461(l) excess business loss adjustment n g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan z Other income. List type and amount: g Total other income. Add lines 8a through 8z	k	Stock options	8k		
m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9		Income from the rental of personal property if you engaged in the rental			
instructions) 8m n Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated z Other income. List type and amount: 9 Total other income. Add lines 8a through 8z		for profit but were not in the business of renting such property	81		
n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an 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 8u z Other income. List type and amount: 8z 8z 9 Total other income. Add lines 8a through 8z 9	m	Olympic and Paralympic medals and USOC prize money (see			
o Section 951A(a) inclusion (see instructions) 80 p Section 461(l) 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 8u g Total other income. Add lines 8a through 8z 9		instructions)	8m		
p Section 461(l) 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 8u 2 Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9	n	Section 951(a) inclusion (see instructions)	8n		
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 8r t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u c Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9	ο	Section 951A(a) inclusion (see instructions)	80		
 r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	р	Section 461(I) excess business loss adjustment	8p		
 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	q	Taxable distributions from an ABLE account (see instructions)	8q		
1040, line 1a or 1d 1040, line 1a or 1d<	r	Scholarship and fellowship grants not reported on Form W-2	8r		
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 9z 9z	S				
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			8s ()	
u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9	t	Pension or annuity from a nonqualifed deferred compensation plan or			
z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z		a nongovernmental section 457 plan	8t		
8z 9 Total other income. Add lines 8a through 8z	u		8u		
8z 9 Total other income. Add lines 8a through 8z	z	Other income. List type and amount:			
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -9, 181.	9				
	10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	l, or 1040-NR, line 8	10	-9,181.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income						·
11	Educator expenses					11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	ent 🗍		
	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:						
 a		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
	and USOC prize money reported on line 8m	24c					
d		24d					
е	Repayment of supplemental unemployment benefits under the Trade						
-	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
q		24g					
•	Attorney fees and court costs for actions involving certain unlawful	_ 3					
		24h					
i	Attorney fees and court costs you paid in connection with an award						
•	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
i	Housing deduction from Form 2555	24j					
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z				. [25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					-	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26	
	BAA	REV	03/09/23	PRO	S	chedu	le 1 (Form 1040) 2

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. 2022 Attachment Sequence No. 12

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

NITISH CHANDRA PONNAM

Your social security number 671-85-2304

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
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)

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)	(g) Adjustment to gain or loss Form(s) 8949, f line 2, column	from Part I,	(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 Box A checked					
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	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 (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	(923.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis				7	-923.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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 Box D checked					
9	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.					
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				12	
13	Capital gain distributions. See the instructions		13			
14	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 .	0	()		15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -923.
	• 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 line 22.	
	• 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?	
	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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (923.
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

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Schedule D (Form 1040) 2022

SCHEDULE E Supplementa					l Inc	ome ar	OMB No. 1545-0074					
(Form	1040)	nips, S	corporat	tions, es	tates,	trusts, REMI	Cs, etc.)	20	199			
Departm	ent of the Treasury			Attach to Form 1040,							ی کے Attachm	Dent
	Revenue Service		Go to www.	irs.gov/ScheduleE for	r instru	uctions ar	nd the la	test ir	nformation.		Sequen	ce No. 13
. ,	shown on return										al security	
_	SH CHANDRA									671-8	5-2304	
Part	Note: If yo	ou are in th	he business of r	tal Real Estate an renting personal proper 335 on page 2, line 40.			e C. See	instru	ctions. If you a	are an indiv	/idual, rep	ort farm
Α				at would require you	to file	Form(s)	1099? 5	See ins	structions .		. TYe	s 🛛 No
				d Form(s) 1099?								
1a				street, city, state, ZIF								
	-					,					0000	
 	1-2-288/2	/,НІМА	YATHNAGAR	SBH COLONY, DC		JUDA H	IDERA	BAD,	I ELANGAM	A IN 50	10029	
C												
 1b	Type of Prope	rty 2	For each ren	tal raal aatata propa	rty liet	had		Ea	ir Rental	Person		
10	(from list below			ntal real estate prope rt the number of fair				Га	Days	Da		QJV
Α	3		personal use	e days. Check the Q	JV bo	k only	Α		365		0	
В				he requirements to f			B					
С			qualified join	nt venture. See instru	ctions	5.	С					
Туре	of Property:	I					1					
1	Single Family R	esidence	e 3 Vacat	tion/Short-Term Ren [.]	tal	5 Land	k	7	Self-Rental			
2	Multi-Family Re	sidence	4 Comr	mercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom	e:						Α		B			С
3		4			3			20.				•
4					4							
Exper												
5					5							
6	Auto and trave	l (see ins	structions) .		6							
7	Cleaning and r	naintena	nce		7		1,3	85.				
8	Commissions				8							
9	Insurance				9							
10					10							
11					11		1,1	62.				
12				. (see instructions)	12							
13	Other interest				13							
14	Repairs				14			17.				
15					15		2,4	56.				
16	Taxes				16		2 5	0.1				
17 18					17 18		2,5	81.				
19	Other (list)	•	·		19							
20	· · · ·			19	20		9,8	01				
21	•			nd/or 4 (royalties). If	20		,0	01.				
21				find out if you must								
					21		-9,1	81.				
22				er limitation, if any,	22	(9,18		()	()
23a		-	-	3 for all rental prope		N	, ±0	23a	1	620.	()
b				4 for all royalty prop				23b				
c				12 for all properties				23c				
d				18 for all properties				23d				
е				20 for all properties				23e	ç	9,801.		
24				wn on line 21. Do no		ide any lo	osses			. 24		

SCHEDULE E

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

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-9,181.

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Schedule E (Form 1040) 2022

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2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

0223

040MP01220

Your Social Security Number (required)

671852304

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) PONNAM NITISH CHANDRA

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

County/Municipality Code (See Table page 50)

Home Address (Number and Street, including apartment number) 122 E HUNT AVE APT E

City, Town, Post Office	
WARRENSBURG	

State	ZIP Code
MO	64093

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			011000138
dd5. Account number		dd5.		46	6005044867

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



Γ			Name(s) as shown or PONNAM N	n Form NJ-1040 ITISH CHANDRA							
NJ- 2022 Page	2	IP02220		Tour Social Security Number 571852304							
Part- Fron	year residents, provide months/days year		sident during 2022:	Fiscal year f Enter month	ilers only: of your year end	2023					
	g Status a only one.										
	 Single Married/CU Couple, filing jo Married/CU Partner, filing so Head of Household Qualifying Widow(er)/Survi Indicate the year of your spo nptions the ovals that apply. You must enter a total	eparate return ving CU Partner use's/CU partner's deat		Enter spouse's/CU partner'	s SSN						
6. 7.	Regular Senior 65+ (Born in 1957 or earlier)	× Self Self	Spouse/CU Partner Spouse/CU Partner	Domestic Partner	1 x \$1,000 = _ x \$1,000 =	1000					
8.	Blind/Disabled	Self	Spouse/CU Partner		x \$1,000 =						
9.	Veteran	Self	Spouse/CU Partner		x \$6,000 =						
10.	Qualified Dependent Children				x \$1,500 =						
11.	Other Dependents				x \$1,500 =						
12.	Dependents Attending Colleges (See				x \$1,000 =	1000					
13.	Total Exemption Amount (Add total	s from the lines at 6 thro	ough 12)		13.	1000 .					
14.	Dependent Information. Provide the Last Name, First Name, Middle Initi	-	for each dependent.	Social Security Number	Birth Year	No Health Insurance					
a.											
b.											
c.											
d.											



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 PONNAM NITISH CHANDRA

Your Social Security Number 671852304

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	83180 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	05100 :
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	
24.	Net gambling winnings (See instructions)	24.	
25.	Alimony and separate maintenance payments received	25.	
26.	Other (Enclose documents) (See instructions)	26.	•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	83180 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	00100 .
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.	83180 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instructions)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	1000
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.	0.
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.	82180 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	2250 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	2230 .
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	2250 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	79930 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	2965 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	22000
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	2965 .
46.	Sheltered Workshop Tax Credit	46.	2903 :
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.	2965 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0
52.	Interest on Underpayment of Estimated Tax	52.	· ·
	Fill in if Form NJ-2210 is enclosed	-	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0.



NJ-1040 2022 Page 4

Name(s) as shown on Form NJ-1040 PONNAM NITISH CHANDRA

Your Social Security Number 671852304

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54.	Total Tax Due (Add lines 50 through 53)		54.	2965	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	3322	•	
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.	3322	•	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you own	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	er the overpayment	68.	357	•
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.	357	•

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

____4___

5____

6_

7_

Division Use:

1 _____

____3___

2_

Name(s) as shown on Form NJ-1040	Social Security Number
PONNAM NITISH CHANDRA	671-85-2304

		edule NJ-BUS-1 (Form NJ-1040)		lew Jersey Business Ind					ıle	2022	
P	art I	Net Profits From Busines	s	Lis	st the net	profit	(lc	oss) from busi	ness(e	es). See Instructions	i.
	Business Name			Social Sec Fede	urity Nun eral EIN	nber/			Profi	it or (Loss)	
1.											
2.											<u> </u>
3.	Not Dest		/ F t								
4.		fit or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on l				4.					
Р	art II	Distributive Share of Part	ner	ship Incom	е					re of income (loss) ee instructions.	
		Partnership Name		Federal El	N			re of Partners come or (Loss		Share of Pass-Thro Business Alternat Income Tax	
1.											
2.						ļ			ļ		
3.	D: (!) (
4.	(Add line	ive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on li nake no entry on line 21.)			4.						
5.		are of Pass-Through Business Alter es 1, 2, and 3.)(Enter here and includ			040.) 5.						
P	art III	Net Pro Rata Share of S	Co	rporation In	come					of income (usable n(s). See instruction	IS.
		S Corporation Name		Federal EIN				S Corporation able Loss)		e of Pass-Through Busi Alternative Income Tax	
1.											
2.											
3.			1								
4.	(Add line	Rata Share of S Corporation Income or (I s 1, 2, and 3.) (Enter here and on line 22 ake no entry on line 22.)									
5.		re of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on l									
P	art IV	Net Gains or Income From Rents, Royalties, Patents, and Copyrights		form of rer of Propert	nts, royal y:	ties, pa	ate	ents, and copy	/rights	derived from or in the . See instructions. T nts 4 – Copyrights	
		of Income or Loss. If rental real estant nter physical address of property.	ate,	Social Secu Feder	rity Numl al EIN		n	ype – Enter umber from list above		Income or (Loss)	
1.	1-2-28	8/27,HIMAYATHNAGAR		671852304	4			1		-9,181.	
2.				ļ							
3.			<u>,</u>								
4.		ome or (Loss). (Add lines 1, 2, and 3 ere and on line 23, NJ-1040. If loss,		ke no entry on	line 23.)			4.		-9,181.	
	•			of this schoo							

Name(s) as shown on Form NJ-1040	Social Security Number					
PONNAM NITISH CHANDRA	671-85-2304					

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

		Column A								
Part 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.						
5.	Loss Carryforward From Tax Year 2021			5b.	()				
6.	Totals	6a.	0.	6b.	-9,181.					
Part II Adjustment Calculation										
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	0.	.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part III Loss Carryforward to Tax Year 2023										
12.	Loss Carryforward to Tax Year 2023	12.	(9,181.)						

Instructions

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

2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
PONNAM NITISH CHANDRA	671-85-2304

Part I

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

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

No. Continue to Part II.

Part II

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

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code	 	-		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

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