# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

l axpayer's name	Social security number		
MOUNIKA LIKKI	005-61-1351		
Spouse's name Spouse's social security numb			
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)		
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
<b>1</b> Adjusted gross income	<b>1</b> 106,444.		
<b>2</b> Total tax	<b>2</b> 16,393.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 20,016.		
4 Amount you want refunded to you	4 3,623.		
5 Amount you owe	5		

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

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

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

	X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN
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1	1	3	5	1	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	as

my

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

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

Your signature

Date

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

I authorize

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 sig	gnature 🕨 Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	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 all ze	 9	8	9

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

ERO's signature >		Date 🕨	
ERO Must Ret Don't Submit This For	ain This Form — See m to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return in	structions. BAA	REV 03/18/23 PRO	Form <b>8879</b> (Rev. 01-2021)

Filing Statue       Single       Amried filing jointy       X Married filing separately (MFS)       Head of household (HOH)       Couldifying surviving spontance (GS)         One book represents a child but not your dependent       Y Tryou checked the HOH or QSS box, enter the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name if the qualifying surviving spontance in the child's name in the qualifying surviving spontance in the child's name in the qualifying surviving spontance in the child's name in the qualifying surviving spontance in the spontance is seeid security number if point strum, spontance in the spontance is seeid security number if point strum, spontance in the spontance is seeid security number if point strum, spontance in the spontance is seeid security number if point strum, spontance in the spontance is seeid security number if point strum, spontance is the spontance is seeid security number if point strum, spontance is the spontance is seeid security number if point strum is spontance if the spontance is seeid security number if point strum is spontance if the spontance is seeid security number if point strum is spontance if the spontance is seeid security number if point strum is spontance if the spontance is seeid security number if point strum is spontance is seeid security number if point strum is spontance is seeid security number if point strum is spontance is seeid security number if point strum is spontance is seeid security number if point strum is spontance is seeid security seeid security seeid security seeid se	E1040		artment of the Treasury–Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use	e Only-	Do not w	rite or staple	in this space.
Your first name and middle initial       Last name       Your social security number         MOUNTICA       LIKKII       005-61-1351         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Passibility, ward 33         221       DBRCBN       STREET       320         City, toom, or post office. If you have a foreign address, also complete spaces below.       Istate       207-15-2644         Foreign country name       Foreign province/state/county       Istate       207 029         Foreign country name       Foreign province/state/county       Foreign province/state/county       Istate       107 029         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent       Your spouse       You is spouse       You is pouse         ApedPlinindees You:       Were borne before January 2, 1958       Are blind       Spouse:       Wes born before January 2, 1958       Is blind         ApedPlinindees You:       If is name       Last name       (2) Social security (2) (2) Relationship       (4) Check the box if qualifies for (see instructions);         If more tither formicle       (1) First name       Last name       (2) Social security (2) (2) Relationship       (4) Check the box if qualifies for (see instructions);         If more tither formicle	Check only	lf yo	u checked the MFS box, enter the n	ame of y	our spor	use. If you ch	neck	ed the HOH or		,	, _	spo	use (QSS)	0
MOUNIKA         LIKKI         005-61-135.1           Hjöhr Hum, spoue's first name and middle inflat         Last name         207-61-135.1           Home address (number and street). Hyou have a PO. box, see instructions.         Apt. no.         207-715-2644           Home address further and street). Hyou have a foreign address, also complete spaces below.         State         200         Create there if you, or your spouse filling jointly, want 35           IBRETISON         Mail on you have a toreign address, also complete spaces below.         State         200         Create there if you, or your spouse filling jointly, want 35           IBRETISON         Mail on you have a toreign address, also complete spaces below.         State         200         Create there if you, or your spouse filling jointly, want 35           Standard         Someson can called milling 1022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         Create there if you have a dependent         You 'you 'you sell instructions);           Dependents         Someson can call call asset (c) (c) as a dependent         Opcade security wanter and street, in you have a dependent 'you prove a dual-status allen         Age/Bindness You: 'Was born before January 2, 1956 ' Is blind         Dependents           Dependents         Geo instructions)	Your first name		, ,	• -		SAGAR PL		-				Your so	cial securi	tv number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number 207-15-2644         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       320         221 BERGEN STREET       320       Check hear if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       27 code         HARLSON       Foreign province/state/county       Foreign province/state/state/county       Foreign province/state/state/county       Foreign province/state/store/state/state/store/state/state/state/state/state/store/state/st		and m												-
207-15-2644       Home address (number and street). If you have a foreign address, also complete spaces below.     Apt. no.     Precidential Election Campaign 32.0       City, tow, or poor office. If you have a foreign address, also complete spaces below.     Buttle     ZIP code       Foreign country name     Foreign province/state/country     Foreign postal code     you to x or fund.       Digital Assets     At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)     Yes     No       Standard     Someone can claim:     You as a dependent     Yes     No       Deduction     Spouse itemizes on a separate return or you were a dual-status allen     Age/Bindness     Yes     No       Age/Bindness     You:     Yes     No     Child tas contrig     (c) Child tas contrig     (c) Child tas credit.     Cedit for der dispondent       If more than four     (ase instructions):     (d) Child tas credit.     Cedit for der dispondent     (c) Child tas credit.     Cedit for der dispondent       If a Total amount from Form(s) W-2, box 1 (see instructions)     1a     118, 129.     (c) Child tas credit.     Cedit for der dispondent       Weight for the dispondent tome form form S019, line 6     Total amount from Form S039, line 29     1a     118, 129.       Household empl		nuse's	s first name and middle initial	-										
Home address (number and travel). If you have a P.O. box, see instructions.         Apt. no.         Previdential Election Campaign (2.2.1)           2.2.1         BERGEN_STREET         32.0         Chock here if you or your opcuse (if ling) plotty, went 35           City, town, or post time. If you have a foreign address, also complete spaces below.         State         2.7         Deck here if you or your opcuse (if ling) plotty, went 35           Foreign country name         Foreign province/state/county         Foreign postal code         you thave a foreign address, also complete spaces below.         N.T         0.7.02         box below will not change of the structure.           Digital         At any time during 2022, did you: (a) receive (as a reward, or payment for property or services), or (b) sell.         You         Space           Assets         Someone can claim:         You as a dependent         You spouse as a dependent         You         Space           Deduction         Spouse itemizes on a separate return or you were a dual-status allen         Acgelindness         You         Generative (Control)         Child tax credit for (see instructions):           If more than four dependents, see instructions;         (1) First name         Last name         mumber         You         Cheat for (see instructions)           If more than four dependent care begins four form(s) W-2, box 1 (see instructions)         Ind         Ind         Ind         Ind	n joint rotain, op			Luot nui	110							•		-
221 BERCEN STREFT       3.2.0       Check here if you, or you         City, tow, or post citics. If you have a toreign address, also complete spaces below.       State       2/2 code       by ouser if thing jourse is a dependent if you rouge as a dependent if you rouge itemizes on a separate return or you were a dual-status alien         Age/Bindness You:       Were born before January 2, 1958 if a blind       Spouse: itemizes on a separate return or you were a dual-status alien         Dependents (see instructions):       (1) First name       (2) Social security (2) Relationship       Child tax credit if order dependent if you rouge as a dependent if unit rouge in the point of the point is a digital asset (r a financial interest in a digital asset); (2) Child tax credit if order dependent if the norder is a digital asset (r a financial interest in a digital asset); (2) Child tax credit if order dependent if the norder is a digital asset (r a financial interest in a digital asset); (2) Child tax credit if order dependent if the norder is a digital asset; (2) Social security (2) Relationship       (1) Child tax credit if order dependent if the norder is a digital asset; (2) Social security (2) Relationship         If more if the individent distance is digital asport (2) Social security (2) Relationship       <	Home address (	'numbe	er and street). If you have a P.O. box_see	instructio	ons				4	Apt. no.				
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HARRISON       NJ       07029       to go to this fund. Checking a box below with a change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       It on a sport of the state of the sta				molete sr	haces bel	ow	Sta	ite					, s	
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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). Uves X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (a) Relationship       (d) Check the box if qualifies for (see instructions):         If more than form (a) were born before January 2, 1958       Are blind       Spouse:       (a) Relationship       (d) Check the box if qualifies for (see instructions):         If more dia check       Image       Ia       Total amount from Form(s) W-2, box 1 (see instructions).       Ia       118, 129.         Hatch Form(s)       V-2 (see instructions).       Ia       118, 129.       Ia       118, 129.         Ver2 here Also       d       Generation come (see instructions).       Ia       118, 129.         Hatch Form(s)       V-2 (see instructions).       Ia       118, 129.         Ver2 here Also       d       Hatch Form(s)       V-2 (see instructions).       Ia       118				F	oreign pr	ovince/state/c				-			c or refund	`
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (I) First name       Last name       North and the claim											·· ·	, .		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       118, 129.         Income       1a       Total amount form Form(s) W-2, box 1 (see instructions)       1d       1d         Match Form(s)       W-2 ase instructions)       1d       1d       1d         W-28 and       1g       Wages from Form 8919, line 6       1g       1g         If you did no       9a       Qualified dividends       3a       1d       1d         W-29, see       instructions)       1i       1g       1d       1d				-					40000	. (000 11	101100			
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependent and check here         Income hard check here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       118, 129.         Income here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       118, 129.         Attach Form(s) W-2 there, Also attach Forms W-2 see, Also attach Forms W-2 see, Also attach Forms W-2 see, Also attach Forms W-2, see instructions,       1a       Ist, 129.       1d         If you did not get a Form W-2, see instructions,       g       Wages from Form S919, line 6       1g       1g         If equired.       3a       b       Tax-bable dependents .       2a       2b       1f         If required.       3a       b       Datable interest       2b       1f       12       118, 129.         Attach Sch. B arav-exempt interest .       2a       2a       b       Tax-able amount       5b       5b         Deduction for sequery       Gualified dividends .       3a       b       Taxable amount .       5b       5b         Standard Deduction for sequery       Gualified dividends .       3a       b       Taxable amount .       5b         Standard d		_				-								
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If more       If it with alloc       If more       If mo	Dependents	s (see	instructions):		<b>(2)</b> S	Social security		(3) Relationsh	ip (4	I) Check t	he bo	k if quali	fies for (see	instructions):
dependents, see instructions and check here <ul> <li>instructions and check here</li> <li>instructions</li> <li>instructins</li> <li>instructions</li> <li>instruct</li></ul>	If more	<b>(1)</b> F	irst name Last name			number		to you		Child	tax cre	dit	Credit for ot	her dependent:
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and check       here	•													
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       118,129.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 Pare, Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Stand       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d         W-2 Stand       e       Taxable dependent care benefits from Form 2441, line 26       1e         19 gid a form       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earmed income (see instructions)       1l       1m       0.         V-2, see       instructions       z       Add lines 1a through 1h       1t       1z       118, 129.         Attach Sch. B       2a       Gaulified dividends       3a       b       b       5b         Deduction for       Fore parsions and annuities       5a       b       5b       5b       5b         Brandard Deduction for       Gail security benefits       6a       b       Taxable amount       5b         Standard Deductin for       Fore parisions and annuitites </td <td></td>														
Itechnic       b       Household employee wages not reported on Form(s) W-2.       1b         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 for also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1h       0.         V-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       118, 129.         Attach Sch. B       2a       Add lines 1a through 1h       1z       118, 129.         Attach Sch. B       a       Qualified dividends       3a       b       b         Get a form       f       Foresions and annuities       5a       b       b         Get a form       Gai ascurity benefits       6a       b       Taxable amount       6b         Standard       Deduction for       Fore persions and annuities       5a       b       b       b	here													
b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and 1099-R1 ftax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form get a Form get a Form       Nottaxable combat pay election (see instructions)       1i         v2-2, see instructions.       i       Nottaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1z       118,129.         Attach Sch. B       2a       Tax-exempt interest       2a       b         get a form wared fling separately. S12,950       Pensions and annuities       5a       b       Debduction for- 6b         6       G C If you elect to use the lump-sum election method, check here (see instructions)       7       7         7       Capital gain or (loss). Attach Schedule 1 if net 10       5b       0         10       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         6       Other income from Schedule 1, line 10	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)						1a	1	18,129.
W-2 here. Also attach Forms       Implification for regorded on mit algoed instructions)       Implification for regorded on mit algoed instructions)       Implification for regorded on form(s)       Implification for form(s)       Implification for regorded on form(s)       Implification for for form(s)       Implification for form(s)       Implification for for form(s)       Implification for for form(s)       Implification for for for for form(s)       Implification for		b		•		. ,						1b	)	
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         if you did not get a Form       m       Other earned income (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       1z       118, 129.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         4       RA distributions       4a       b       Taxable amount       4b         5a       Deduction for- 6a       Social security benefits       6a       b       Taxable amount       6b         51//get a filling exparately       f       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         51//get a filling exparately       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income       11       106, 444.         19.400       Subtract line 10 from		С	Tip income not reported on line 1a	a (see ins	struction	s)						10	;	
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       11         Add lines 1a through 1h       .       .       12       118, 129.         Attach Sch. B       2a       Tax-exempt interest       2a       2b         If required.       3a       b       Taxable interest       2b         4a       b       Taxable amount       4b         Standard       5a       5a       b       Taxable amount       4b         Standard Deduction for       6a       5a       b       Taxable amount       6b         Standard Deduction for       c       if you elect to use the lump-sum election method, check here (see instructions)       7         Standard Deduction for       c       if you elect to use the lump-sum election method, check here (see instructions)       7         Standard Deduction for       c       if you elect to use the lump-sum election method, check here       7         Standard Deduction for       c       if you elect to use the lump-sum election method, check here       7	attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s	s) W-2 (see ir	nstru	uctions)				1d		
was withheld.       Image: Construction of the		е	Taxable dependent care benefits f	from For	m 2441,	line 26 .						1e	•	
In you do find       0       0       0       0         W-2, see       i       Nontaxable combat pay election (see instructions)       11       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       11       0.         Attach Sch. B       2a       Add lines 1a through 1h       12       118,129.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Dordinary dividends       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Dordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Beduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Standard Beduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Standard filing separately, signspose, strages       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here </td <td></td> <td>f</td> <td>Employer-provided adoption bene</td> <td>fits from</td> <td>Form 8</td> <td>839, line 29</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1f</td> <td></td> <td></td>		f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       1z       118,129.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Datable interest       2b         Attach Sch. B       3a       July 2a       b       Ordinary dividends       3b       July 2a         4a       IRA distributions       4a       b       Datable amount       4b       July 2a         5a       Pensions and annuities       5a       b       Taxable amount       4b       July 2a         5a       Pensions and annuities       5a       b       Taxable amount       5b       July 2a         6a       Social security benefits       Ga       b       Taxable amount       5b       July 2a         7       Capital gain or (loss). Attach Schedule D if required, check here       7       Z       <	lf you did not	g	Wages from Form 8919, line 6 .									1g		
Instructions.       Image: Control at pay election (see instructions)       Image: Control at pay election (see	0	h	Other earned income (see instruct	ions) .			•		· ·			1h	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$12,950       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married filing jointly or Qualifying suves, \$25,900       8       Other income from Schedule 1, line 10       7       8       -11,685.         9       106,444.       10       10       9       106,444.       10         9       106,444.       11       106,444.       12       12,950.       12       12,950.         14       Add lines 12 and 13       13       14       12,950.       14       12,950.         14       Add lines 12 and 13       13		i	1, , , ,	see instr	uctions)			<b>1</b> i						
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       6b         • Gained filing jointy or Qualifying surviving spouse, \$25,900       • C       If you elect to use the lump-sum election method, check here (see instructions)       • I       7         • Married filing jointy or Qualifying surviving spouse, \$25,900       • Other income from Schedule 1, line 10       • I       8       -11,685.         9       106,4444.       10       • I       9       106,4444.         10       • I       10       11       106,4444.         11       106,4444.       12       12       12,950.         • If you checked ary box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.       14       12,950.       14       12,950.		Z	Add lines 1a through 1h				•					1z	1	18,129.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       c       6b         • Capital gain or (loss). Attach Schedule D if required. If not required, check here       c       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       0 ther income from Schedule 1, line 10       6b       6b         9       106 , 444 4.       10       10       10       10       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       106 , 444 4.         12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.       14       12,950.       14       12,950.		2a	Tax-exempt interest	2a			bΤ	axable interest				2b	)	
Standard Deduction for-       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .			3b	)	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       Other income from Schedule 1, line 10       7         • Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106, 444.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106, 444.         • Household, \$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         • Add lines 12 and 13       12       12, 950.       13		4a		4a			bΤ	axable amoun	t			4b	)	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Married filing jointly or Qualified business income from Schedule 1, line 10</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Married 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 surviving spouse, \$25,900</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing jointly or Qualified business income from Schedule 1, line 26</li> <li>Married filing jointly or Joi</li></ul>	Standard	5a	Pensions and annuities	5a			bΤ	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	, _						t		· _	6b	)	
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106, 444.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106, 444.         • Head of strand and 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         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •	Married filing	С	, ,					,			· _			
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       106, 444.         10       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106, 444.         12       12       12       12, 950.       12       12       12, 950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       93. 494					required	d. If not requ	ired	, check here	• •		. L			
Qualifying surviving spouse, \$25,900       9       106,444.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       106,444.         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         14       12,950.       14       12,950.       14       12,950.         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       93.494														
\$25,900       10       Adjustments to income nom schedule 1, inte 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106,444.         • Head of household, \$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         • Id       12,950.       13       14       12,950.         • Deduction,       15       93       494	Qualifying				-				• •		· ·			06,444.
household, \$19,400       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         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       93			•						• •		· ·		-	
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction,       15       Subtract line 14 from line 11       If zero or less enter -0- This is your taxable income       15       93       494				•	-	-			• •	• •	• •			
any box under Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       93.494	\$19,400 r								• •		• •			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         93.494						995 or Form	899	5-A	• •		· ·			
	Standard						•							
		15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	-0 This is ye	our	taxable incom	е.		· ·	15		93,494.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 16	16,270.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	16,270.
	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	16,270.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	123.
	24	Add lines 22 and 23. This is	your total tax					. 24	16,393.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	20,01	L6.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c		0.	
	d	Add lines 25a through 25c						. 25d	20,016.
K	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return .			. 26	
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				undable credi	ts.	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments	- 			. 33	20,016.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpa</b>	id.	. 34	3,623.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here		<b>35a</b>	3,623.
Direct deposit?	b	Routing number 0 8 1					Savir	ngs	
See instructions.	d	Account number 3 5 5	0 0 4 4	0 6 6 8	8 5 6			-	
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			. 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	ins	tructions				🗌 Yes	. Compl	ete below.	X No
		signee's		Phone			Personal i iumber (F	dentification	
	nai			no.				,	
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr			1 2 0		,		, ,
Here		ur signature		Date	Your occupation		1		ent you an Identity
	10	ar olghataro		Duto					PIN, enter it here
Joint return?					PROGRAMME	R ANALYSI		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion			ent your spouse an
your records.								(see inst.)	tection PIN, enter it here
	Dh	one no. (913)944-038	0	Email address	VICUMUDEDN	TOCOCMATT	COM	(,	
		one no. (913)944-038 eparer's name	9 Preparer's signat		VISHNUPERN	Date	PTI	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						2082703	Self-employed
Preparer		n's name GLOBAL TA		TAUAN JAGAR	GOFIA IAUDAM	05/20/202			(678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			Firm's EIN	. ,
		1040 for instructions and the late		TIONICI IN	D 08810				<u>84-3171965</u>

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

BAA REV 03/18/23 PRO

Form **1040** (2022)

SCHEDUL	.E 1
(Form 1040	))

# 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 20 2

Attachment Sequence No. **01** Your social security number 005-61-1351

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR MOUNIKA LIKKI

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-11,685.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f	-	
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j	-	
k	Stock options	8k	-	
	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			
		8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q		8q 8r	-	
r	Scholarship and fellowship grants not reported on Form W-2	or	-	
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		-	
L	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
2		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-SR,		10	-11,685.
-				

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			ernment		
	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		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	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		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	<u> </u>	<u> </u>	<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

SCHEDULE	2
(Form 1040)	

## **Additional Taxes**

OMB No. 1545-0074

(Form 1040) Additional Taxes				
Department of the Treasury Internal Revenue Service         Attach to Form 1040, 1040-SR, or 1040-NR.           Go to www.irs.gov/Form1040 for instructions and the latest information.				
		Sequence No. 02		
		rm 1040, 1040-SR, or 1040-NR		ial security number
	NIKA LIKKI		005-61	-1351
Pa	rt I Tax			
1	Alternative r	ninimum tax. Attach Form 6251		1
2	Excess adva	ance premium tax credit repayment. Attach Form 8962		2
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	7	3
Par	t II Other	Taxes		
4	Self-employ	ment tax. Attach Schedule SE		4
5		rity and Medicare tax on unreported tip income.		
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach       6		
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6		7
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	uired.	
	If not require	ed, check here		8
9	Household	employment taxes. Attach Schedule H		9
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required		10
11	Additional N	1edicare Tax. Attach Form 8959		<b>11</b> 123.
12	Net investm	ent income tax. Attach Form 8960 ..............		12
13		social security and Medicare or RRTA tax on tips or group-ter om Form W-2, box 12		13

14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m	-	
	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	123.
	BAA	REV 03/18/23 PRO		ile 2 (Form 1040) 2022

(Form	1 1040)	(From	rental real esta	ate, royalties, partnersł	hips, S	6 corporati	ons, es	tates,	trusts, REMIC	Cs, etc.)	20	<b>199</b>
	nent of the Treasury Revenue Service		Go to www	Attach to Form 1040, <i>irs.gov/ScheduleE</i> for					formation.		Attachm Sequend	nent ce No. <b>13</b>
Name(s	) shown on return									Your socia	al security	number
MOUN	JIKA LIKKI									005-62	1-1351	
Par	Note: If yo	u are in t	the business of	renting personal proper 835 on page 2, line 40.			<b>C</b> . See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm
	Did you make an	y paym	ents in 2022 tł	nat would require you								
B	f "Yes," did you	or will y	ou file require	ed Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	-			(street, city, state, ZIF		-						
Α	10-6-297R0	DAD NO	D:9,SAINAC	GAR SAROORNAGAR	R, HYI	DERABAD	) TEL	ANGA	NA IN 500	035		
В												
С												
1b	Type of Proper			ntal real estate prope				Fa	ir Rental	Person		QJV
	(from list belov	V)		ort the number of fair the days. Check the Q					Days	Da	-	
<u>A</u>	3			the requirements to f			<u>A</u>		365		0	
B C				nt venture. See instru			B C					
	of Property:						U					
	Single Family Re	osidona		ation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re			imercial	lai	6 Roya			Other (descr	iha)		
2		Sidence	4 001				iiiies	0				
									Properti	es:		
Incon							Α		В			С
3					3		6	95.				
4		ved.			4							
Expe					-							
5	•				5							
6		-			6		1 0	4 17				
7					7		1,3	47.				
8					8							
9					9							
10 11	•				10		1 1	0.4				
12	•				12		1,1	04.				
13					13							
14					14		3,0	53				
15					15		3,2					
16					16		0,1					
17					17		3,5	81.				
18					18							
19	Other (list)				19							
20	· · · ·	s. Add li	nes 5 through	19	20		12,3	80.				
21	result is a (loss	s), see ir	nstructions to	nd/or 4 (royalties). If find out if you must	21	-	-11,6	85.				
22	Deductible ren	tal real	estate loss at	ter limitation, if any,	22	(	11,68	5.)	(	)	(	)
23a				e 3 for all rental prope				23a		695.		
b				e 4 for all royalty prop				23b				
С			•	e 12 for all properties				23c				
d	Total of all amo	ounts re	ported on line	e 18 for all properties				23d				
е				e 20 for all properties				23e	12	,380.		
24		-		own on line 21. <b>Do no</b>		-						
25				21 and rental real estat							( 2	11,685.)
26	Total rental re	eal esta	te and royal	ty income or (loss).	Comb	ine lines 2	24 and	25. E	nter the resu	lt		

**Supplemental Income and Loss** 

SCHEDULE E

- 1010

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

Schedule E (Form 1040) 2022

26

-11,685.

OMB No. 1545-0074

8959 Form Department of the Treasury

Internal Revenue Service

Name(s) shown on return

# **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

2022

Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment Sequence No. 71 Your social security number

OMB No. 1545-0074

005 61 1251

MOUN	IKA LIKKI	005-6	51-13	51
Part	Additional Medicare Tax on Medicare Wages	ŀ		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	,	<b>1</b> 138,629.		
2		2		
3	5	3	-	
4		4 138,629.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	<b>5</b> 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	13,629.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Er	nter here and go to		
	Part II		7	123.
Part	Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
		9		
10		10	1	
11		11		
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.0			
	go to Part III		13	
Part		Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
		14		
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
		15		
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line			
	Enter here and go to Part IV		17	
Part	V Total Additional Medicare Tax			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line			
	or 1040-SS filers, see instructions), and go to Part V		18	123.
Part	V Withholding Reconciliation			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	0 010		
20		<b>19</b> 2,010. <b>20</b> 138,629.	-	
	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	<b>20</b> 138,629.	-	
21		2,010.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addition			
	withholding on Medicare wages		22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation for 14 (see instructions)	-	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also includ			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c			
	1040-SS filers, see instructions)		24	0.
For Pa	berwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/18/23 PRO		Form <b>8959</b> (2022)



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

#### **Payment by E-Check**

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

#### Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

## **DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 005-61-1351 LIKK LIKKI MOUNIKA 221 BERGEN STREET APT 320 HARRISON NJ 07029

Calendar Year - Due Voucher April 18, 2023 **1** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041

X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:

284.00



R





You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

#### **Payment by E-Check**

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

#### Payment by Check

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If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

## **DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

**1555** 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

REV 03/18/23 PRO

005-61-1351 LIKK LIKKI MOUNIKA 221 BERGEN STREET APT 320 HARRISON NJ 07029

Calendar Year - Due Voucher June 15, 2023 **2** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041 **R** × NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:

284.00





C



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

#### **Payment by E-Check**

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

#### Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

## **DO NOT CUT THIS PAGE**



New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 005-61-1351 LIKK LIKKI MOUNIKA 221 BERGEN STREET APT 320 HARRISON NJ 07029

Calendar Year - Due Voucher September 15, 2023 **3** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041 **R** X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:

284.00







You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

#### **Payment by E-Check**

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#### Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

## **DO NOT CUT THIS PAGE**

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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 005-61-1351 LIKK LIKKI MOUNIKA 221 BERGEN STREET APT 320 HARRISON NJ 07029

Calendar Year - Due Voucher January 16, 2024 **4** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041 R X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:

284.00







You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

#### **Payment by E-Check**

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

#### Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### **DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 005-61-1351 LIKK LIKKI MOUNIKA 221 BERGEN STREET APT 320 HARRISON NJ 07029

1555 2022

Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

1135.00



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

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 005611351

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.) LIKKI MOUNIKA

Spouse's/CU Partner's SSN (if filing jointly) 207152644

> Home Address (Number and Street, including apartment number) 221 BERGEN STREET APT 320

County/Municipality Code (See Table page 50)
0904

City, Town, Post Office	
HARRISON	

State	ZIP Code
NJ	07029

Driver's License Number (Voluntary) (See instructions) L4281 56800 559

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.

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
Dire	ct Deposit Information					
dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4		
dd2.	Account type (C for checking, S for savings)		dd2.			
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4.	Routing number		dd4.			
dd5.	Account number		dd5.			

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

dd5. Account number

**Gubernatorial Elections Fund** 



NJ- 202: Page	<u> </u>	MP02	220	Name(s) as shown on F LIKKI MOUI Your Social Security No 005611351	NIKA			1555
Part-	year residents, provide months/days			ent during 2022:	Fiscal y	ear filers on	ly:	
From	n: To:		-	0	Enter m	onth of you	r year end	2023
Fill in 1. 2. 3. 4. 5. Exer	no only one. Single Married/CU Couple, filing Married/CU Partner, filing Head of Household Qualifying Widow(er)/Surv Indicate the year of your sp mptions the ovals that apply. You must enter a tota	separate riving CU ouse's/C	return J Partner U partner's death:	2020 202	207152644 Enter spouse's/CU part	ner's SSN		
		×	-	-		1	x \$1,000 = 1	000
6.	Regular	~	Self	Spouse/CU Partner	Domestic Partner	1		
7. 8.	Senior 65+ (Born in 1957 or earlier) Blind/Disabled		Self Self	Spouse/CU Partner			x \$1,000 =	
8. 9.	Veteran		Self	Spouse/CU Partner Spouse/CU Partner			x \$1,000 = x \$6,000 =	
9. 10.	Qualified Dependent Children		Sell	spouse/CO Farmer			x \$0,000 = x \$1,500 =	
11.	Other Dependents						x \$1,500 =	
12.	Dependents Attending Colleges (Se	e instruc	tions)					
13.	Total Exemption Amount (Add tota			12)				000 .
15.			-				15. <u> </u>	•
14. a. b	Dependent Information. Provide th Last Name, First Name, Middle Init				Social Security Number		Birth Year	No Health Insurance
	Last Name, First Name, Middle Init				Social Security Number		Birth Year	No Health Insurance



**NJ-1040** 2022 Page 3

#### Name(s) as shown on Form NJ-1040 LIKKI MOUNIKA

Your Social Security Number 005611351

1555

			100040
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	122343 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	122343 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	122343 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	•
32.	Alimony and separate maintenance payments (See instructions)	32.	•
33.	Qualified Conservation Contribution	33.	•
34.	Health Enterprise Zone Deduction	34.	•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	
37b.	NJCLASS Deduction	37b.	•
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	121343 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1035 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1035 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	120308 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	5537 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	5537 .
46.	Sheltered Workshop Tax Credit	46.	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•
49.	Total Credits (Add lines 46 through 48)	49.	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	5537 .
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.	2.
	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 LIKKI MOUNIKA

Your Social Security Number 005611351

1555

54.	Total Tax Due (Add lines 50 through 53)		54.	5539	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	4404	
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.	4404	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you ov	ve	67.	1135	
	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 en	ter the overpayment	68.		
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.	1135	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		

Refund amount (If line 68 is more than zero, subtract line 78 from line 68) 80.

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and based on all information of which the preparer has any knowledge and belief.	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 Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		84-3171965	Trenton, NJ 08647-0555

\_\_\_\_4\_\_\_

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

6\_

7\_

Division Use:

2\_

3\_\_\_\_

Name(s) as shown on Form NJ-1040	Social Security Number
LIKKI MOUNIKA	005-61-1351

		edule NJ-BUS-1 (Form NJ-1040)		lew Jersey Business Ind					ule	2022	
Ρ	art I	Net Profits From Busines	s	Lis	st the net	t pro	fit (lo	oss) from bus	iness(e	es). See Instructions	ŝ.
	Business Name		Social Security Number/ Federal EIN			Profit or (Loss)					
1.											
2.											<u> </u>
3.			/ = 1	<u> </u>		i					
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	tner	ship Incom	е					re of income (loss) ee instructions.	
		Partnership Name		Federal Ell	N			re of Partners come or (Loss		Share of Pass-Thr Business Alterna Income Tax	
1.											
2.									<u> </u>		
3.	<b>D</b> : ( )) (					-			<u> </u>		
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 inclu			40.) 5.						
Ρ	art III	Net Pro Rata Share of S	Co	rporation In	come					of income (usable n(s). See instructior	ıs.
		S Corporation Name		Federal EIN				S Corporation able Loss)		e of Pass-Through Bus Alternative Income Tax	
1.											
2.											
3. 4.	(Add line	Rata Share of S Corporation Income or ( s 1, 2, and 3.) (Enter here and on line 22									
5.	Total Sha	ake no entry on line 22.) re of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on		ne Tax							
P		Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the ne form of rer of Property	nts, royal y:	ties,	pate	ents, and cop	yrights	derived from or in th See instructions. T nts 4 – Copyrights	уре
		of Income or Loss. If rental real est nter physical address of property.	ate,	Social Secu Feder		ber/	n	ype – Enter umber from list above		Income or (Loss)	
1.	10-6-2	297ROAD NO:9,SAINAGAR		00561135	1			1		-11,685.	
2.											
3.											
4.		ome or (Loss). (Add lines 1, 2, and 3 ere and on line 23, NJ-1040. If loss	, mal	ke no entry on				4.		-11,685.	

Name(s) as shown on Form NJ-1040	Social Security Number
LIKKI MOUNIKA	005-61-1351

# Schedule NJ-BUS-2

(Form NJ-1040)

### New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

			Column A		Column B				
Part I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)				
1.	Net Profits From Business	1a.	0.		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.	-11,685.			
5.	Loss Carryforward From Tax Year 2021				5b.	(	)		
6.	Totals	6a.	0.		6b.	-11,685.			
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.	12. Loss Carryforward to Tax Year 2023     12. ( 11,685. )								

#### 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.

NJ-2210 2022

# Underpayment of Estimated Tax by Individuals, Estates, or Trusts

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040		,	Social Security Nu	ımber		
LIKKI MOUNIKA			005-61-1	351		
Part I Figuring Your Underpayment						
1. 2022 Tax (line 50, Form NJ-1040)				1.		5,537.
2. Enter the total of lines 55, 56, 58, 59, 60, 61, 62, 63, 64, and 65	5, For	m NJ-1040		2.		4,404.
3. Subtract line 2 from line 1 (If less than \$400, do <b>not</b> complete the second s	ne res	t of this form).		3.		1,133.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for quality	fied fa	irmers)		4a.		4,430.
4b. Enter 2021 tax (From Form NJ-1040, line 49)				4b.		
			Paymen	t Due	e Dates	
		(A) April 18, 2022	(B) June 15, 202	2	(C) Sept 15, 2022	(D) Jan 17, 2023
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column	5.	1,107.	1,1	07.	1,108.	1,108.
<ol> <li>Estimated tax paid and tax withheld per period (see instr.).</li> <li>If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form</li> </ol>	6.	1,101.	,,,,,,,		1,101.	1,101.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before complet- ing the next column.)	7.					
8. Add line 6 and line 7	8.	1,101.	1,1	01.	1,101.	1,101.
9. Enter the total underpayment (add line 11 and line 12) from the previous column	9.			6.	12.	19.
10. Subtract line 9 from line 8. If zero or less, enter zero	10.	1,101.	1,0	<u>95.</u>	1,089.	1,082.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero	11.			0.	0.	0.
12. <b>Underpayment</b> (If line 5 is greater than line 10, subtract line 10 from line 5)	12.	6.		12.	19.	26.
13. <b>Overpayment</b> (If line 10 is greater than line 5, subtract line 5 from line 10)	13.					
Part II         Exceptions           (See instructions. Complete worksheets for exceptions 2, 3, and 4 a           If you meet exception 1 at line 15, do not file this form. These a						
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after		April 18, 2022	June 15, 2022		ept 15, 2022	Jan 17, 2023
December 31, 2022.) (See instructions)	14.	1,101			3,303.	4,404.
15. Exception 1 – Enter 2021 tax (line 49) \$	15.	25% of 2021 Tax	50% of 2021 Ta	75	% of 2021 Tax	100% of 2021 Tax

 exemptions and tax rates
 16.

 17. Exception 3 – Tax on annualized 2022 income
 20% of Tax

 18. Exception 4 – Tax on 2022 income over 3, 5, and 8-month periods
 90% of Tax

 18.
 90% of Tax

16. Exception 2 – Tax on 2021 gross income using 2022

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

100% of Tax

25% of Tax

50% of Tax

75% of Tax

60% of Tax

90% of Tax

\$

#### NJ-2210

### Worksheets

#### Exception II Tax on 2021 gross income using 2022 exemptions and tax rates

1.	Enter 2021 NJ Gross Income (line 29, 2021 NJ-1040)	1.	
2.	Enter 2022 Total Exemptions (line 30, 2022 NJ-1040)	2.	
3.	Subtract line 2 from line 1	3.	
4.	Calculate Tax on line 3 (2022 tax rates)	4.	
5.	Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2022 NJ-1040)	5.	
6.	Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form	6.	

#### **Exception III**

#### Tax on 2022 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/22, 4/30/22, and 7/31/22. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

			1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1.	Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown	1.			
2.	Annualization amounts	2.	4	2.4	1.5
3.	Annualized Income (Multiply line 1 by line 2)	3.			
4.	Enter Total Exemptions (line 30, NJ-1040)	4.			
5.	Subtract line 4 from line 3	5.			
6.	Calculate tax on line 5	6.			
7.	Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period	7.			
8.	Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form	8.			

#### Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
<ol> <li>Enter the actual amount of NJ Taxable Income (line 42, NJ-1040) that applicable to each period shown</li> </ol>				
2. Calculate tax on line 1	2.			
3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdic (line 44, NJ-1040) that is applicable to each period shown				
4. Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part I this form	of 4.			

# Interest Computation Worksheet Attach to Form NJ-2210 or NJ-2210NR

2022

Name as Shown on Return	Social Security No.
LIKKI MOUNIKA	005-61-1351

## Option 1

	Α	В	С	D	E	F	G
Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)
1 4/15 - 6/15	1,107.		1,107.	1,101.	б.	.010	0.
2 6/16 - 9/15	1,107.	6.	1,113.	1,101.	12.	.019	0.
3 9/16 - 1/15	1,108.	12.	1,120.	1,101.	19.	.031	1.
4 1/16 - 4/15	1,108.	19.	1,127.	1,101.	26.	.025	1.
5 Total intere	est for Option 1					. 5	2.

## Option 2

	Payment due dates ►	<b>(a)</b> 4/15/2022	<b>(b)</b> 6/15/2022	<b>(c)</b> 9/15/2022	<b>(d)</b> 1/15/2023
1	Payment date				
3	Balance from previous				
	quarter				
4	Balance due				
5 a	Number of months from due date to payment date or				
	next quarter due date,				
	whichever is earlier				
b	Interest rate	.0625	.0775	.0925	.1000
6	Late payment interest.				
	(Line 4 times line 5a times				
	line 5b divided by 12.)			·	
	If line 1 is blank, skip lines 7 through 10.				
7	Payment amount.				
8	Underpayment amount			·	
-	Number of months from				
	payment date to next				
	quarter due date				
b	Interest rate	.0625	.0775	.0925	.1000
10	Underpayment interest.				
	(Line 8 times line 9a times				
	line 9b divided by 12.)	<u> </u>		<u> </u>	
11	Total interest for Option 2. Add I	ince 6 and 10, colur	mac (a) through (d)	11	
		ines o anu TU, COlur	nins (a) through (d)		

### New Jersey Health Care Coverage

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.
LIKKI MOUNIKA	005-61-1351

#### 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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