Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

er's name	Social security number									
JITHA REDDY KONDA KINDI	393-81-5032									
's name	Spouse's social security number									
SANTHOSH REDDY ALETI 301-91-1655										
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)										
whole dollars only on lines 1 through 5.										
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
Adjusted gross income	1 146,458.									
Total tax	2 15,757.									
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 21,182.									
Amount you want refunded to you	· · · · 4 5,425.									
Amount you owe	5									
	JITHA REDDY KONDA KINDI ''s name THOSH REDDY ALETI I Tax Return Information — Tax Year Ending December 31, 2022 (Ente whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income									

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

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

Taxpayer's PIN: check one box only

				EBO firm name	5 ,	E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

	1	5	0	3	2	20				
Enter five digits, but don't enter all zeros										

1 1

5

5

б

Enter five digits, but don't enter all zeros

my

as mv

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 ►

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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 Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Onl	/										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2				6 all ze		9	89)

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 🕨
	st Retain This Form — See Instructions is Form to the IRS Unless Requested To Do So

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn de	202	2	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of y								spou	lifying sun use (QSS) name if th	0
Your first name	and mi	ddle initial	Last nar	ne							Your so	cial securi	ty number
POOJITHA	REI	DDY	KOND	A KIND	I						393-8	81-503	2
		s first name and middle initial	Last nar										 curity number
SANTHOSH	REI	Yac	ALET	т							301-0	91-165	5
		er and street). If you have a P.O. box, see	1					A	Apt. no.				on Campaign
9501 N F	м 63	20 RD										nere if you,	1 0
-		ce. If you have a foreign address, also co	mplete sp	baces below	<i>.</i>	Sta	te	ZIP c	ode				ntly, want \$3
AUSTIN		, , , , , , , , , , , , , , , , , , , ,				ТΣ	ζ	787	26		0	this fund. ow will not	Checking a
Foreign country	name		F	oreign provi	ince/state/c				in postal c			or refund.	0
,				5 1			,		,		-	You	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	a digital a	asset (or a	financial ir	nter	est in a digital					Yes	No
Standard		eone can claim: 🗌 You as a de	•		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a du	al-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	d Spo	use	: 🗌 Was bor	n befo	ore Janu	ary 2,	1958	🗌 ls bl	lind
Dependents				(2) Soc	ial security		(3) Relationsh			-		fies for (see	instructions):
If more		irst name Last name			umber		to you		Child t	ax cre	dit	Credit for ot	her dependents
than four													
dependents,													
see instructions and check	;												
here													
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ns)						1a	1	<u> </u>
Income	b	Household employee wages not re	•		,						1b		
Attach Form(s)	с	Tip income not reported on line 1a	•	. ,							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep									1d		
W-2G and	е	Taxable dependent care benefits f									1e		
1099-R if tax	f	Employer-provided adoption bene									1f		
was withheld.	g	Wages from Form 8919, line 6 .									1g	_	
lf you did not get a Form	h	Other earned income (see instruct									1h		0.
W-2, see	i	Nontaxable combat pay election (s	,				1						
instructions.	z	Add lines to through th									1z	1	59,758.
Attach Sch. B	2a	-	2a				axable interest				2b		
if required.	3a		3a				rdinary divide				3b	_	
	4a		4a				axable amoun				4b	_	
Standard	5a		5a				axable amoun				5b	_	
Deduction for –	6a		6a				axable amoun				6b	_	
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod ch									
separately,	7	Capital gain or (loss). Attach Sche						• •			7		
\$12,950Married filing	8	Other income from Schedule 1, lin		•						• _	8		13,300.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		46,458.
Qualifying spouse,	10	Adjustments to income from Sche		•			· · · · ·				10		10,100.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						• •		• •	11		46,458.
household,	12	Standard deduction or itemized	•					• •	• •	• •	12		40,4 <u>98.</u> 25,900.
\$19,400 • If you checked	13	Qualified business income deduct						• •	• •	• •	13		<u>4</u> 0,900.
any box under	14	Add lines 12 and 13				500	• • • • • •	• •	• •	• •	14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			. This is ve	Sur f	axable incom	 е			15		20,558.
see instructions.				,				- •					_0,000.

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	17,757.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	17,757.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	2,000.
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,757.
	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	15,757.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 21	,182.		
	b	Form(s) 1099				25b		-	
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	21,182.
	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return .			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	2	-	-			33	21,182.
Refund	34	If line 33 is more than line 24	•					34	5,425.
Refund	35a	Amount of line 34 you want	-			, .	. 🗆	35a	5,425.
Direct deposit?	b	Routing number 1 2 3					Savings		
See instructions.	d	Account number 1 3 9					9		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,			See			
Designee							omplete	below.	× No
•		signee's		Phone			onal ident	fication	
	na	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piele. Declaration		1				nt vou an Identitv
	YO	ur signature		Date	Your occupation				IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER		inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	If the	e IRS ser	nt your spouse an
Keep a copy for your records.									ection PIN, enter it her
your records.					STUDENT			inst.)	
		one no. (720)436-253		Email address	POOJAREDDYC	896@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/02/2023	· · · · ·		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-2145487
Go to www.ire a	ov/Forr	n1040 for instructions and the late	st information		DAA	DEV/ 01/24/22 DDO			Form 1040 (2022

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

REV 01/24/23 PRO BAA

Form **1040** (2022)

SCHEDU	JLE 1
(Form 10	40)

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 D

Department of the Treasury Attachment Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number POOJITHA REDDY KONDA KINDI & SANTHOSH REDDY ALETI 393-81-5032 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -13,300. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: 8a а 8b b Cancellation of debt **8c** С d Foreign earned income exclusion from Form 2555 8d 8e е Income from Form 8889 f 8f Alaska Permanent Fund dividends g 8g 8h h i. Prizes and awards 8i i. 8i 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 . . . 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r 0. r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nonqualifed deferred compensation plan or t a nongovernmental section 457 plan 8t **u** Wages earned while incarcerated 8u Other income. List type and amount: Ζ 8z 9 0. 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -13,300.

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

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			24b				
and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) iOther adjustments. List type and amount: 24i 225 Total other adjustments. Add lines 24a through 24z 26	c						
d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 i Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) i Other adjustments. List type and amount: 24i 24i 24i 24i 24i 24i	Ũ		24c				
 e Repayment of supplemental unemployment benefits under the Trade Act of 1974	b						
Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on							
 f Contributions to section 501(c)(18)(D) pension plans	Ũ		24e				
 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24i 24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td>	-						
 discrimination claims (see instructions)			9				
 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24i 24j 24k 			24h				
<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
tax law violations 24i j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24j 24k 24k 24z 24z 24z 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
 j Housing deduction from Form 2555			24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k 20 Other adjustments. List type and amount: 21 24k 22 24z 23 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	J k						
 z Other adjustments. List type and amount:	r\		24k				
25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7					-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

Additional Credits and Payments

OMB No. 1545-0074

22

20

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

Departm Internal	A	Attachment Sequence No. 03				
	()	rm 1040, 1040-SR, or 1040-NR			cial s	ecurity number
		KONDA KINDI & SANTHOSH REDDY ALETI		393-8	81-5	032
Par		fundable Credits				
1	0	credit. Attach Form 1116 if required		ł	1	
2	Credit for c Form 2441	hild and dependent care expenses from Form 244			2	
3	Education c	redits from Form 8863, line 19			3	2,000.
4	Retirement		4			
5	Residential	energy credits. Attach Form 5695			5	
6	Other nonre	fundable credits:				
а	General bus	iness credit. Attach Form 3800	6a			
b	Credit for p	ior year minimum tax. Attach Form 8801	6b			
с	Adoption cr	edit. Attach Form 8839.............	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	terest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	
8		through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,		
	line 20			[8	2,000.
						ued on page 2)
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	REV 01/24/23 I	PRO S	Schedu	le 3 (Form 1040) 2022

Schedu	le 3 (Form 1040) 2022			Page 2
Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
с	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	0-SR, or 1040-NR,	15	
	BAA REV	01/24/23 PRO	Schedu	lle 3 (Form 1040) 2022

			Supplementa							OMB No	o. 1545-0074
(Form	1040)	(From rei	ntal real estate, royalties, partnersl	• •				trusts, REMIC	s, etc.)	20)22
	ent of the Treasury		Attach to Form 1040, Go to www.irs.gov/ScheduleE for					formation		Attachm	nent 12
	Revenue Service shown on return		Go to www.irs.gov/ScheduleE 10	rinstru	actions an	a the la	itest in		Voursoo	Sequen	ce No. 13
.,		KONDA	KINDI & SANTHOSH REDDY	Z 7.T.T	o m T					1-5032	
Part			From Rental Real Estate an						575 0	1 3032	
T al t	Note: If yo	ou are in the	business of renting personal proper from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
A D			ts in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🛛 No
B li	f "Yes," did you	ı or will you	u file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a											
Α	HOUSE NO	1-11/4S	TREET NO 3 BODUPPAL, ME	DCHA	AL HYDE	RABA	D,TE	LANGANA I	N 500	092	
В											
С											
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below		above, report the number of fair personal use days. Check the Q					Days	Da	ays	
 	3		if you meet the requirements to f			A B		365		0	
С			qualified joint venture. See instru	ictions	S.	C					
	of Property:					U					
	Single Family R	lesidence	3 Vacation/Short-Term Ren	tal	5 Land	1	7	Self-Rental			
	Multi-Family Re		4 Commercial		6 Roya	alties	8	Other (descri	be)		
					-			Propertie			
Incom	.					Α		B			С
3		ł		3			40.	D			0
4				4		-					
Expen											
5	Advertising			5							
6	Auto and trave	el (see inst	ructions)	6							
7	•		ce	7		1,5	60.				
8				8							
9				9							
10	0		onal fees	10		1 0	1.0				
11 12	-		banks, etc. (see instructions)	11		1,2	10.				
12	Other interest			13							
14	0			14		3.4	60.				
15				15			00.				
16				16							
17				17		3,9	10.				
18	Depreciation e	expense or	depletion	18							
19				19							
20	•		s 5 through 19	20		13,9	40.				
21			e 3 (rents) and/or 4 (royalties). If								
			tructions to find out if you must	01		-13,3	00				
22			tate loss after limitation, if any,	21		د, د ـ					
~~				22	C	13,30	0.1	(۱	()
23a		-	orted on line 3 for all rental prope				23a	\	640.	\ \	/
b											
С			orted on line 12 for all properties				23c				
d	Total of all am	ounts repo	orted on line 18 for all properties				23d				
е			orted on line 20 for all properties				23e	13,	,940.		
24			mounts shown on line 21. Do no								
25			es from line 21 and rental real estat							(:	13,300.)
26			and royalty income or (loss).								
			and line 40 on page 2 do not line 5. Otherwise, include this ar						ו 26		-13,300.
For Po			tice, see the separate instructions.		NE		.10 -11	-13,300.			orm 1040) 2022
i vi ra	por more ricuult		,						30	neuule E (F	JIII IU40/2022

Form 8863
Department of the Treasury Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

Your social security number

393-81-5032

2022

Attachment Sequence No. 50

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

POOJITHA REDDY KONDA KINDI & SANTHOSH REDDY ALETI

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. . . .



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education				
_		4		-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	5			
6	qualifying surviving spouse If line 4 is:	Э		-	
6	Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (roo			6	
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the				
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	•		8	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(000	inctructions)	9	
	After completing Part III for each student, enter the total of all amounts from a	•	,	9	
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	14,845.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				
	qualifying surviving spouse	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	146,458.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	33,542.	-	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	16	20,000.		
17	qualifying surviving spouse	10	20,000.	-	
17	Equal to or more than line 16, enter 1.000 on line 17 and go to line 18)		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun			17	1.000
	least three places)				1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	•	,		,
	instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	A A	REV 01/24/2	23 PRO	Form 8863 (2022)

393-81-5032

POOJITHA REDDY KONDA KINDI & SANTHOSH REDDY ALETI

	Complete Part III for each student for whom credit or lifetime learning credit. Use addition		
Part	Student and Educational Institution Information	n. See instructions.	
	Student name (as shown on page 1 of your tax return) SANTHOSH REDDY	21 Student social security number (as s your tax return)	hown on page 1 of
	ALETI	301-91-1655	
	Educational institution information (see instructions)	h Name of accord educational institut	ion (if on)
а	 Name of first educational institution LAMAR UNIVERSITY 	b. Name of second educational institut	ion (if any)
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. P O Box 10003 	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.	
	BEAUMONT TX 77710		_
(2	2) Did the student receive Form 1098-T from this institution for 2022? X Yes No	(2) Did the student receive Form 1098 from this institution for 2022?	
(3	3) Did the student receive Form 1098-T from this institution for 2021 with box Yes X No 7 checked?	 (3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked? 	
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	 (4) Enter the institution's employer ide if you're claiming the American opp checked "Yes" in (2) or (3). You can 1098-T or from the institution. 	portunity credit or if you
	74-6000298		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\Box Yes - Stop! Go to line 31 for this student. X No	— Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Stop! Go to line 31 his student.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes - Stop! On this student. No	— Go to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?		 Complete lines 27 ugh 30 for this student.
	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't d		in the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000	27
28			28
29	Multiply line 28 by 25% (0.25)		29
30	If line 28 is zero, enter the amount from line 27. Otherwise, a		
	enter the result. Skip line 31. Include the total of all amounts f	rom all Parts III, line 30, on Part I, line 1.	30
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl		
	III, line 31, on Part II, line 10	<u> </u>	31 14,845.
			Lorm 880.4 (0000)

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	20 22 Attachment
	Sequence No. 52
m	ber of HSA beneficiary.

Name(s		ocial security nu both spouses ha			
POOU	JITHA REDDY KONDA KINDI	393-81			Structions.
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requ	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du	iring 2022.			
	See instructions	L		lf-only	X Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made				
	unextended due date of your tax return that were for 2022. Do not include employer con				0
	contributions through a cafeteria plan, or rollovers. See instructions	-	2		0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during				
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (family coverage). All others , see the instructions for the amount to enter		2		7 200
4			3		7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during				
	include any amount contributed to your spouse's Archer MSAs		4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	-	5		7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and		-		1,500.
Ū	coverage under an HDHP at any time during 2022, see the instructions for the amount to en		6		7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family	v coverage			
	under an HDHP at any time during 2022, enter your additional contribution amount. See ins	tructions.	7		
8	Add lines 6 and 7	[8		7,300.
9	Employer contributions made to your HSAs for 2022	1,250.			
10	Qualified HSA funding distributions				
11	Add lines 9 and 10		11		1,250.
12	Subtract line 11 from line 8. If zero or less, enter -0	-	12		6,050.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructio				
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have sepai	rate I	ISAs, o	complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include a				
	contributions (and the earnings on those excess contributions) included on line 14a				
	withdrawn by the due date of your return. See instructions	+	14b		
c	Subtract line 14b from line 14a		14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)		15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here				
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I				
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu				
	1040), Part II, line 17c		17b		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.				
18			18		
19	Qualified HSA funding distribution	-	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,	-	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu				
	1040), Part II, line 17d		21		

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



DR 8454 (11/07/22) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 *Tax.Colorado.gov* Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

	t mail this form to th			For Tax Yea	r (MM/DD/	YY)	-	or Fisca	I Year begin	ning (м	M/DD/YY)
Depar	tment of Revenue. F	Retain with your	records.	12/31/	22							
Тах Ту	pe			1								
2	<pre>Individual Income (DR 0104)</pre>	Corporate (DR 0112)			nership 0106)	o/S-Corp	Income	e [Fiduc (DR 0		ncom	е
Тахрау	er Last Name or Business	Name	First Na	me or Busine	ess DBA	if different	from Bu	siness Na	ame		Middle	e Initial
KONE	DA KINDI		POOJ	ITHA RED	DY							
Spous	e's Last Name (if applicable	э)	First Na	ime							Middl	e Initial
ALEI	'I		SANTI	HOSH RED	DY							
Тахрау	er SSN or ITIN		Spouse	SSN or ITIN	if applic	able)			FEIN			
393-	81-5032		301-9	91-1655								
Тахрау	ver or Business Address				City				State	ZIP		
9501	. N FM 620 RD				AUST	IN			TX	78	726	
		Pa	art I — Tax	x Return Ir	nforma	tion						
1. Tota	al Income from your fe	ederal return (see i	instruction	s for more	inform	ation)	1	\$			146	5458
2. Tax	able Income (or allow more information)							\$		120558		
3. Col	orado Tax from your C	Colorado return (se	ee instructi	ions for mo	re info	rmation)	3	\$ 735				
	orado Tax Withheld or	Payments, from y	your Color	ado return	(see in	struction		*				907
	nore information)	Pa	rt II — Dec	claration o	f Tax F	Paver	4	\$				
Federal/0	enalties of perjury, I declare tha Colorado income tax returns, ar and that I (or my Electronic Re s, and attachments upon reque	at the information I have p nd that said tax returns, sta eturn Originator (ERO) if a	provided for ele atements, sche applicable) may	ectronic filing a edules and attac y be required to	nd the an hments a provide	nounts show re true, corre paper copies	ect, and co s of this de	mplete to t claration,	the best of my my returns, v	y knowle vithhold	edge an ling stat	nd belief.
Signatu				, , , , , , , , , , , , , , , , , , ,	<u> </u>		-	e (MM/DD/Y			-	
Spouse	e's Signature (If Joint Retur	n, Both Must Sign)					Date	e (MM/DD/Y	Ύ)			
		Part III — D	eclaratior	n of ERO/P	repare	er/Transi	mitter					
	If the transmitter did	not prepare the tax	x return, cł	heck here								
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only the arer, under penalties of perjury I and the amounts shown in Parl and complete to the best of my vided the taxpayer with copies ions, and to provide paper copies at any time during this period.	I declare that I have review t I above agree with the an knowledge and belief. As of all forms and information	wed the above i mounts shown o s preparer, I fur ion filed. I also	taxpayer's Fede on said tax retur ther declare that agree to mainta	eral/Colora rns, and th at I have c ain this sig	ado income t nat said tax re obtained the gned Form (I	ax returns eturns, sta taxpayer's DR 8454)	and that the tements, so signature for the per	he information chedules, an on this form iod covered b	n provid d attach at the ti by the C	led to m nments ime of fi Colorado	e by the are true, iling and o statute
ERO's	Signature				F	Preparer Ide	entificatio	on Numbe	er, Your SSN	N, or IT	IN	
SYAM	I PRIYA RAM SAGAF	CUPTA TALLAM	1			P020827	703					
	Cheek if also Des					Date (MM/DD)/YY)					
	Check if also Pre	eparer X				02/02/2	23					



DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 1 of 4 (0013)

2022 Colorado Individual Income Tax Return

	r or Nonresident (or reside dent combination) *Mus			0104	IPN		if Abr	oad on due da tions	te –	
Your Last Name		Your Fi	rst Nam	e					Middle	Initial
KONDA KINDI		POOJITHA REDDY								
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	sed							
09/13/1996	393-81-5032		If checked and claiming a refund, you the DR 0102 and death certificate with							
Enter the following information from your current driver license or state identification card.			of Issue Last 4 characters of ID number Date of Iss 0436 03/04/				Date of Issuan			
If Joint, Spouse's Last Name		Spouse	's First I	Name	2				Middle	Initial
ALETI		SANT	THOSH	REI	DDY					
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	sed							
08/28/1995	301-91-1655			1	the DF	R 0102 and	death	a refund, you r certificate with	your ret	
Enter the following information	n from vour spouse's	State o	te of Issue Last 4 characters of ID			ID number Date of Issuance				
Enter the following information from your spouse's current driver license or state identification card.			TX 5427 0				05/06/22			
Mailing Address							Pł	one Number		
9501 N FM 620 RD							(720)436-253	33	
City			State	ZIP	Code		Foreig	n Country (if appli	cable)	
AUSTIN			TX	78	726					
To see if you or members	s of your household qua	lify for f	free or	redu	uced-o	cost health	covera	ge, check this	box if:	
	esident and at least one	•	2						-	
	the Colorado Department e Colorado Health Benefit									nect
								Round To The N	earest D	ollar
1. Enter Federal Taxable Inco 1040, 1040 SR, or 1040 SI	P line 15.	come ta	ax forn	n:		• 1		1	20558	00
Include W-2s and 1099s with										
	Additions to									
2. State Addback, enter the s				rede	ral for					00
1040 SR, or 1040 SP sche	equie A, line ba (see inst	iuction	5)			• 2				00
3. Qualified Business Income	Deduction Addback (se	e instru	uctions	S)		• 3				00

220104 21555

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 4

220104	21555	Page 2 of 4			
Name				SSN or ITIN	
POOJITHA REDD	Y KONDA KINDI &	SANTHOSH REDDY ALETI		393-81-5032	
				575 01 5052	
	ction addback (see in		• 4		0 (
		- Non-qualifying Tuition Program			
Contribution (se	ee instructions)		• 5		0 (
	s, explain (see instruc	ctions)	• 6		0 (
Explain:					
7 Subtotal aumo	flings 1 through 6		7	120558	00
	of lines 1 through 6	Colorado Subtraction	•		01
8 Subtractions fro		Schedule, line 22, you must sub			
	hedule with your retu		• 8		00
DK 0104AD 50		111.	• 0		
Colorado Taval	ble Income, subtract	ling 8 from ling 7	• 9	120558	0
		see 104 Book for full-year tax		P 010/PN Schodulo	0
		DR 0104PN line 36, you must su		K UTU4FN Scheuule	
	th your return if applic		• 10	735	00
		R 0104AMT line 8, you must su			
	with your return.	i to to 4/1011 line o, you must se	• 11		00
	nin your return.		• • • •		
12. Recapture of p	rior vear credits		• 12		00
			• 12		
13 Subtotal sum o	of lines 10 through 12		13	735	00
		0104CR line 48, the sum of line			
		omit the DR 0104CR with your r			00
		e credits used – as calculated,			
		4, 15, and 16 cannot exceed line			
	1366 with your return		• 15		0
		R 1330, the sum of lines 14, 15,			-
U 1		DR 1330 with your return.	• 16		0
	<u>jou muot oubmit tho</u>		• .•		
17. Net Income Tax	x. sum of lines 14. 15	, and 16. Subtract that sum fror	n line 13. 17	735	0
		S schedule line 7, you must sub			-
DR 0104US wit			• 18		0
211010100			• ••		
19 . Net Colorado T	ax, sum of lines 17 a	nd 18	19	735	0
		and 1099s, you must submit th			
	Colorado withholding		• 20	907	0
21. Prior-vear Estin	nated Tax Carryforwa	ard	• 21		0
		sum of the quarterly payments			
this tax year	a symonic, ontor the	can be the quarterly payments	• 22		0
the tax year					
23 Extension Down	ment remitted with the	DR 0158-1	• 23		0
LAIGHSIUH FAY			• 23		0

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 4

220104 3	1555	Page 3 of	14				
Name					SSN or	· ITIN	
POOJITHA REDDY K	ONDA KINDI & S	SANTHOSH RED	DY ALETI		393-	-81-5032	
24. Other Prepayments	• DR 1079 • 24			0 0			
25. Gross Conservatio the DR 1305G with			00				
26. Innovative Motor Ve submit each DR 06		0	00				
27. Refundable Credits with your return.			00				
28. Subtotal, sum of lin	es 20 through 27			28		907	00
			AGI for TABO	र		- 4 1' - h- 11' 4	
29. Federal Adjusted G				040 line 11,	t your Colorad	<u>o tax liability.</u> 146458	0 0
1040 SR line 11, or				• 29			00
30. Nontaxable Social	Security Income			• 30			00
31. Nontaxable interes	t income from state	e and local bong	ds	• 31			00
32. Sum of lines 29 thr			for State Sales	32 Tax Refund		146458	00
If line 32 is:	\$48,000	\$48,001 -	\$95,001 –	\$151,001 -	\$209,001 -	\$268,001	-
	or less	\$95,000	\$151,000	\$209,000	\$268,000	or more	:
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486	
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972	
33. State Sales Tax Refull-year Colorado r to file a return. Use	the amount on line	under the age o e 32 and referer	of eighteen but a	re required ove. See			
instructions if you a	ire filing an extensi	ion.		• 33			00
34. Sum of lines 28 and	1 33			34		907	00
35. Overpayment, if line	e 34 is greater than	n line 19 then su	ubtract line 19 fr	om line 34 35		172	00
36. Estimated Tax Cred	dit Carryforward to	2023 first quar	ter, if any.	• 36			00
If you have an overpay Colorado charity, inclu				Il or a portion of	your overpaym	ent to a qualit	fied
37. Refund, subtract lir	ie 36 from line 35 ((see instructions	s)	• 37		172	00
Direct Routing Nu	imber 1 2 3 1	0 3 7 1 6	б Туре: Х	Checking	Savings	CollegeInvest 5	529
Deposit Account Nu	umber 1 3 9 1	0 3 5 7 9	9 6 5 5				
For questions rega	arding CollegeInvest	direct deposit or	to open an accour	nt, visit <i>CollegeInve</i>	est.org or call 80	0-448-2424.	

220104 41555

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 4 of 4

Name				SSN or ITIN	
POOJITHA REDDY KONDA KINDI & SANTHO	SH REDDY ALETI			393-81-503	2
38. Net Tax Due, subtract line 34 from line 19		38			0 0
39. Delinquent Payment Penalty (see instructions	3)	• 39			0 0
40. Delinquent Payment Interest (see instructions		• 40			0 0
 Estimated Tax Penalty, you must submit the I (see instructions) 	DR 0204 with your return.	• 41			0 0
42. Amount You Owe, sum of lines 38 through 41		• 42			
The State may convert your check to a one-time electronic b by the State. If converted, your check will not be returned. If y Revenue may collect the payment amount directly from your	our check is rejected due to insufficie				
	Third Party Designee				
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	• X No • Ye	s. Comple	te the fo	llowing:	
Designee's Name			Phone N	umber	
•			•		
Sign Below Under penalties of perjury, I declare that to th	e best of my knowledge and belief, thi	s return is tru	ie, correct		
Your Signature				Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)	
Paid Preparer's Name			Paid Prep	arer's Phone	
GLOBAL TAXES LLC			(678)	965-9522	
Paid Preparer's Address	City		State	ZIP Code	
245 ROONEY CT	E BRUNSWICK		NJ	08816	

REV 01/11/23 PRO

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or
payment, please mail the return to:If you are filing this return without a check or
payment, please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 1 of 3

Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2022

		SSN or ITI	IN							
POOJITHA REDDY KONDA KINDI & SANTHOSH REDDY	ALETI	393-81	L-5032							
Use this form if you and/or your spouse were a resident of a gross income so that Colorado tax is calculated for only you out lines 1 through 9 of the DR 0104. If you filed federal form	r Colorado income. Complete th									
	Begi	nning (MM/YY)	Ending (MM/YY)							
1. ● Taxpayer is (mark one): Full-Year Nonresident	X Part-Year Resident from	01/22	07/22							
Full-Year Resident	Nonresident 305-day rule M	ilitary								
		nning (MM/YY)	Ending (MM/YY)							
2. ● Spouse is (mark one): Full-Year Nonresident	X Part-Year Resident from	01/22	07/22							
Full-Year Resident Nonresident 305-day rule Military										
3. ● Mark the federal form you filed: X 1040 104	40 NR 1040 SR	Other								
	Federal Information	Colorado li	nformation							
4. Enter all income from form 1040, 1040 SR, or	159758									
1040 SP line 1. • 4	159758 00									
 1040 SP line 1. 4 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Colorado 	in Colorado and/or earned should include moving		20283							
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 	in Colorado and/or earned should include moving lorado. • 5									
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a first sector of the secto	in Colorado and/or earned s should include moving lorado. • 5 00 a resident of Colorado or		00							
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co. 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal processing of the second second	in Colorado and/or earned s should include moving lorado. • 5 00 a resident of Colorado or									
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co. 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal prosection. 8. Enter all income from form 1040, 1040 SP, income form 1040, SP, income from 1040, SP, income from 1040, 1040 SR or 1040 SP. 	in Colorado and/or earned should include moving lorado. • 5 00 a resident of Colorado or operty located in Colorado. • 7		00							
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro 8. Enter all income from form 1040, 1040 SR or 1040 SP, Schedule 1, line 7. 	in Colorado and/or earned should include moving lorado. • 5 00 a resident of Colorado or operty located in Colorado. • 7 00		00							
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro 8. Enter all income from form 1040, 1040 SR or 1040 SR or 1040 SP, Schedule 1, line 7. 8 9. Enter income from line 8 that is from State of Colorado units 	in Colorado and/or earned s should include moving lorado. • 5 00 a resident of Colorado or operty located in Colorado. • 7 00 employment benefits; and/or is		00							
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro 8. Enter all income from form 1040, 1040 SR or 1040 SR or 1040 SP, Schedule 1, line 7. 8 9. Enter income from line 8 that is from State of Colorado unfrom another state's benefits that were received while you 	in Colorado and/or earned s should include moving lorado. • 5 00 a resident of Colorado or operty located in Colorado. • 7 00 employment benefits; and/or is		00							
 5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. 6 7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro 8. Enter all income from form 1040, 1040 SR or 1040 SR or 1040 SP, Schedule 1, line 7. 8 9. Enter income from line 8 that is from State of Colorado units 	in Colorado and/or earned s should include moving lorado. • 5 00 a resident of Colorado or operty located in Colorado. • 7 00 employment benefits; and/or is		00							

220104PN21555

DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 3

Name			SSN or ITIN	
POOJITHA REDDY KONDA KINDI & SANTHOSH REDDY	ALETI		393-81-5032	
	Federal Information	Co	olorado Information	
12. Enter the sum of all income from form 1040, 1040 SR,				
or 1040 SP lines 4b, 5b and 6b. • 12	00	2		
13. Enter income from line 12 that was received during that				
Colorado resident.	• 13	3		00
14. Enter the sum of all business and farm income from				
form 1040, 1040 SR, or 1040 SP, Schedule 1, lines 3 and 6. • 14	00			
15. Enter income from line 14 that was earned during that pa				
Colorado resident and/or was earned from Colorado sou		5		00
16. Enter all Schedule E income from form 1040, 1040 SR,				
or 1040 SP, Schedule 1, line 5. • 16	-13300 00	D		
17. Enter income from line 16 that was earned from Colorad	lo sources; and/or rent and			
royalty income received or credited to your account during			0	
were a Colorado resident; and/or partnership/S corporat	tion/fiduciary income that is		-	
taxable to Colorado during the tax year.	• 17	·		00
18. Enter the sum of all other income from form 1040,				
1040 SR, or 1040 SP, Schedule 1, lines 1, 2a	0			
and 9. • 18 List Type	00	J		
19. Enter income from line 18 that was earned during that pa	art of the year you were a		0	
Colorado resident and/or was derived from Colorado so		•	0	00
List Type				
				_
20. Total Income. Enter amount from form 1040, 1040 SR, or 1040 SP. line 9. 20	146458 00			
or 1040 SP, line 9. 20 21. Total Colorado Income. Enter the total from the Colorado				
13, 15, 17 and 19.	2	1	20283	00
22. Enter all federal adjustments from form 1040, 1040 SR,				
or 1040 SP, line 10. • 22	0 00	D		
List Type				
			T	
22 Enter adjustments from line 22 or follows	~	,	0	~~
23. Enter adjustments from line 22 as follows	• 23	5	(00
List Type				
Educator expenses, IRA deduction, business expenses	of reservists performing artig	sts and	fee-hasis	
government officials, health savings account deduction				
deduction, SEP and SIMPLE deductions are allowed in				
income to total wages and/or self-employment income.				
 Student loan interest deduction, alimony, and tuition and tatal income ratio (line 21 (line 20)) 	d tees deduction are allowed i	n the C	olorado to federal	
total income ratio (line 21 / line 20).Penalty paid on early withdrawals made while a Colorad	do resident			
 Moving expenses for members of the Armed Forces. 				
	rm 10/0 10/0 CD or 10/0 CD	lino 10	see the Colorado	
For treatment of other adjustments reported on federal fo Individual Income Tax Guide and/or the Income Tax Topic				
		condeill	.3.	



DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 3

POOJITHA REDDY KONDA KINDI & SANTHOSH REDDY ALETI 393-81-5032 Federal Information Colorado Information 24. Adjusted Gross Income. Enter amount from form 1040, 146458 00 146458 00 25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. 20283	
24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11.1464580025. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN20283	DDY ALETI 393-81-5032
1040 SP, or 1040 SR line 11.240025. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN20283	Federal Information Colorado Information
1040 SP, or 1040 SR line 11.240025. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN20283	740
	24 00 00
from the amount on line 21 of Form 104DN	
	25 00
26. Additions to Adjusted Gross Income. Enter the sum of	
lines 3 through 6 of Colorado Form 104 excluding any	
charitable contribution adjustments. • 26	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from	
line 26 that is from non-Colorado state or local bond interest earned while	
a Colorado resident.* • 27 0	• 27 00
146458	146458
28. Total of lines 24 and 26 28 00	28
20283 20283 a	20283
30. Subtractions from Adjusted Gross Income. Enter the	
amount from line 8 of Colorado Form 104 excluding	
any qualifying charitable contributions. • 30 00	
31. Subtractions from Colorado Adjusted Gross Income.	
Enter any amount from line 30 as follows: • 31 • The state income tax refund subtraction to the extent included on line 19 above	
• The state income tax return subtraction to the extent included on line 7 above	
• The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above	
• The Colorado Agricultural capital gain subtraction to the extent included on line 20 above	
For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics:	
Por realment of other subtractions, see the individual income fax Guide and/or the income fax ropics. Part-Year Residents & Nonresidents.	and and of the first of the fir
32 Modified Adjusted Gross Income, Subtract line 30	
from line 28. 32 146458 00	32 146458 00
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33	ct line 31 from line 29. 33
34 Divide line 33 by line 32 Round to four significant digits	aite
e.g. xxx.xxxx 34 13.8490 %	
5305	E20E
35. Tax from the tax table based on income reported on the DR 0104 line 9 35	n the DR 0104 line 9 35 00 00
36. Apportioned tax. Multiply line 35 by the percentage on	n ₇₃₅
line 34. Enter here and on DR 0104 line 10. 36 00	36 00

* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.

REV 01/11/23 PRO

D-40 < Stap Retu	le Al		s of Yo	our	2022	-	-	<u>li</u> na D	ncome Departme	nt of F	Revenue	1	DOR Use Only					
				or fiscal year	beginning				and ending			Are y	ou a ve	teran?		Yes	No X]
	-	IA RE			DA KINI	DI	S	ANTH	OSH REDI		LETI			se a veter		Yes	No X	
		FM 6 TX									93815032 01911655					extension t	-	ur
Filing			1. Sind		Х	2. Marri	ed Filing	Jointly			Ig Separately	2022 1	leuerai	Yes			1040?	
			-	ad of Househo			fying Wi						•	se died:				
	•			C. for the ent ent for the e	•		Yes L Yes L	No No			for deceased to for deceased s				of death: of death:	-		
											Fund by makir						or all o	 f
your	overpa	ayment	to the F	Fund. To ma	ake a contri	bution,	enclose	Form	NC-EDU and	l your pa	ayment of \$	•	0.	To des	-	our overp		
					-		-				o <i>r information a</i> il 15, 2023, an				eidont			
		-									Personal Repr				sident.			
FS	2	PP	Y		DT	N	OC	N	TPRES	N	SPRES	N	ſ	VT	N	SVT		N
KOND)	950	1	78726	DS	Ν	EA	Ν	TD			SD				FDE	XT	N
POOJ	ITF	IA R	EDD		KONDA	A KI	NDI			39	3815032							
SANT	'HOS	SH R	EDD		ALETI	C				30	1911655		ΤX	787	26			
9501	N	FM	620	RD						A	USTIN							
06			1464	158		16			0		26C				0			
07				0		18	Y		0		26E				0			0201
09				0		20A			3740		EU							5002
10A				0		20B			0		27				0			4
10B				0		21A			0		29				0			
11	S	Y	I	Ν		21B			0		30				0			
11			255	500		21C			0		31				0			
13			061	L60		21D			0		32				0			
14			745	510		26A			0		34				22			
15			37	718		26B			0									
TN	7	204	3625	533		PN	6	789	659522		PP		P02	0827	03			
		turn E			efund Du			2		ymen				0				
the best	of my kr	nowledge	and belie	<i>mined this return</i> of, they are true,	n and accomp correct, and c	anying sci omplete.	nedules al	nd statem	ents, and to		eck here if you a discuss this retur							e
														72	04362	2533		
Your Sig		R USE O	NI V IF	propored by a r	oroon other th	Date		-			both must sign.) of which the prepar		Date		ict Phone	No. (Include	area code	?)
SYAM	PR		RAM S	SAGAR GU		2 02 Date	<u>2</u> 3	6789	659522 ntact Phone Nur			1185	uny KIIOV	P	02082 arer's FEIN	2703 N, SSN, or PT	TIN	-

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 2022 Page 2 (50)

Last Name (First 10 Characters)	KONDA	KIND

Your Social Security Number

393815032

9. Deductions From Federal Adjusted Gross Income 9. 10. Child Deduction 10. a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. b. Enter the amount of the child deduction 11. 11. N.C. Standard Deduction 11. 11. N.C. Itemized Deduction 11. 11. N.C. Itemized Deduction 11. 12. a. Add Lines 9, 10b, and 11 28.57 13. Deduction amount 12. 27.57 14. N.C. Taxable Income 14. 74.57 15. N.C. Income Tax 15. 37.7 16. Tax Credits 16. 17. 17. Subtract Line 16 from Line 15 17. 37.7 18. Consumer Use Tax 18. 70 19. Add Lines 17 and 18 19. 37.7 20a. Your tax withheld 20a. 37.4 21a. 2022 estimated tax 21a. 21a. 21b. Spouse's tax withneld 21a. 21a. 21c. Pathenspi	6.	Federal Adjusted Gross Income	6.	14645
9. Deductions From Federal Adjusted Gross Income 9. 10. Child Deduction 10. 11. Child Deduction 10. 12. Ehrer the number of qualifying children for whom you were allowed a federal child tax credit 100. 13. N.C.Standard Deduction 11. 14. N.C.Standard Deduction 11. 15. N.C. Instandard Deduction 11. 16. Deduction amount 11. 17. Deduction amount 11. 18. O.C. Itamized Deduction 11. 19. Subtract Line 12a from Line 8 120. 10. N.C. Standard Deduction 13. 11. N.C. Standard Deduction 14. 11. N.C. Standard Deduction 15. 12. Notice Come Tax 15. 13. Notice Design Standard Deduction 16. 14. N.C. Taxable income 18. 15. N.C. Income Tax 18. 16. Notice Tax 19. 17. Subtract Line 17 and 18 19. 18. Consumer Use Tax is due 19. 19. Add Lines 17 and 18 20a. 20a. Sopouse's tax withheld 20a. 21a. 2022 estimated tax <td>7.</td> <td>Additions to Federal Adjusted Gross Income</td> <td>7.</td> <td></td>	7.	Additions to Federal Adjusted Gross Income	7.	
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D-400 Line-by-Line Information

Amount to be Refunded

34.

22

34.

D-400 Sch PN (50)

8-17-22

2022 Part-Year Resident and Nonresident Schedule

DOR
Use
Only
Only

North Carolina Department of Revenue

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

393815032 KONDA KIND Your Social Security Number Last Name (First 10 Characters) A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form. NRT Ν PYT Υ 07 01 22 12 31 22 22 90215 Υ 07 01 22 12 31 22 23 146458 NRS Ν PYS Part A. Residency Status Spouse is: Taxpayer is: (Select applicable box (Select applicable box X Part-Year Resident Full-Year Resident Nonresident Χ Full-Year Resident Nonresident Part-Year Resident Date N.C. residency began Date N.C. residency began Date N.C. residency ended Date N.C. residency ended 07 01 22 12 31 22 07 01 22 12 31 22 If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400. Part B. Allocation of Income for Part-Year Residents and Nonresidents **COLUMN A** COLUMN B **Total Income** Total Income Amount of Column A from all sources subject to N.C. tax 159758 90215 1. Wages, Salaries, Tips, Etc. 1. 2. 0 0 2. **Taxable Interest** 0 0 3. Taxable Dividends 3. 4. Taxable Refunds, Credits, or Offsets 0 of State and Local Income Taxes 4. 0 0 5. Alimony Received 5. 0 6. Business Income or (Loss) 6. 0 Ω 0 7. Capital Gain or (Loss) 7. 0 8. 0 Ω 8. Other Gains or (Losses) 9. Taxable Amount of IRA Distributions 9. 0 0 10. **Taxable Amount of Pensions** 0 0 and Annuities 10. 11. Rental Real Estate, Royalties, Partnerships, -13300 0 S-Corps, Estates, Trusts, Etc. 11. 12. Farm Income or (Loss) 12. 0 0 13. 13. 0 0 **Unemployment Compensation** 14. Taxable Portion of Social Security 0 0 and Railroad Retirement Benefits 14 15. Other Income 15. 0 0 146458 90215 16. Total Income 16. **COLUMN A** COLUMN B North Carolina Adjustments Enter the amount from Amount of Column A Form D-400 Schedule S subject to N.C. tax 17. Additions 0 0 a. Interest Income From Obligations of States Other Than N.C. 17a. 0 0 b. Deferred Gains Reinvested Into an Opportunity Fund 17b 0 0 c. Bonus Depreciation 17c. 0 0 d. IRC Section 179 Expense 17d 0 0 e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income 17e. **Total Additions** 0 18 18 0

D-400 Sch. PN 2022 Page 2 (50)

Last Name (First 10 Characters) KONDA KIND

Your Social Security Number

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			COLUMN A	COLUMN B	
		Enter	the amount from	Amount of Column A	
		Form I	D-400 Schedule S	subject to N.C. tax	
19.	Deductions				
	a. State or Local Income Tax Refund	19a.	0	0	
	 Interest Income From Obligations of the United States 				
	or United States' Possessions	19b.	0	0	
	c. Taxable Portion of Social Security and				
	Railroad Retirement Benefits	19c.	0	0	
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0	
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement				
	e. Bonus Asset Basis	19e.	0	0	
	f. Bonus Depreciation	19f.	0	0	
	g. IRC Section 179 Expense	19g.	0	0	
	h. Other Deductions From Federal Adjusted Gross				
	Income That Relate to Gross Income	19h.	0	0	
20.	Total Deductions	20.	0	0	
21.	Total Income Modified by N.C. Adjustments	21.	146458	90215	
'art (2. Part-Year Residents and Nonresidents Taxable Percentage				
22.	Enter the Amount From Column B. Line 21		22	90215	
22. 23.			22		
23. 24.	Enter the Amount From Column A, Line 21 Part-Year Residents and Nonresident Taxable Percentage		23		

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