Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
ANUSHA KRISHNAN	168-11-	-3412
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (E	 Enter year you ar	re authorizing.)
Enter whole dollars only on lines 1 through 5.		<u> </u>
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 13,032.
2 Total tax		2 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 1,123.
4 Amount you want refunded to you		4 1,123.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved it taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	or rejection of the trathe U.S. Treasury are indicated in the tastitution to debit the minate the authorization requests must be in the processing of the payment. I furtle	ansmission, (b) the reason and its designated Financial ix preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gene	rate my PIN	3 4 1 2 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ► Date	.	
Spouse's PIN: check one box only	. 501	
I authorize to enter or gene		as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be	elow	
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.	2 2 2 4 9 6 Don't ente	6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	X 5	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	househo	old (HOF)	Qual	ifying sur ise (QSS)	
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you	check	ed the HOH or	r QSS bo	ox, ente	r the			
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last na	me					Y	our so	cial securi	ity number
ANUSHA			KRIS	HNAN					1	L68-1	1-341	.2
If joint return, s	pouse's	first name and middle initial	Last nar	me					S	Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	 e instruction	ons.			Ар	t. no.	F	Presider	ntial Electi	ion Campaign
7201 YOF	RK AV	JENUE SOUTH					se	20			ere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	te	ZIP cod	le				ntly, want \$3 . Checking a
MINNEAPO	DLIS				MN	J	5543	5			w will not	
Foreign country	/ name		F	oreign province/stat	te/count	ty	Foreign	postal co	de y	our tax	or refund	l.
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				-	, .	•	,	Yes	⊠ No
Standard		eone can claim: You as a de					40001).	(000 1110	, ii aoi	10110.)		
Deduction	_	Spouse itemizes on a separate retur	•	•		•						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	rn before	e Janua	ry 2,	1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip (4)	Check th	e box	if qualif	ies for (see	e instructions):
If more		rst name Last name		number	,	to you	·	Child ta	x cred	dit	Credit for o	ther dependents
than four												
dependents, see instructions												
and check	s —											
here \square												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a		13,032.
	b	Household employee wages not r	eported	on Form(s) W-2.						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	g	Wages from Form 8919, line 6						1g				
get a Form	h	Other earned income (see instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h								1z		13,032.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a			ordinary divide				3b		
	4a	IRA distributions	4a		b T	axable amoun	ıt			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt			5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	ıt			6b		
Married filing	С	If you elect to use the lump-sum e	election r	nethod, check hei	re (see	instructions)			Ш			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check here				7		
Married filing	8	Other income from Schedule 1, lin								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.							9		13,032.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		
Head of	11	Subtract line 10 from line 9. This is	-	-						11		13,032.
household, \$19,400	12	Standard deduction or itemized	deducti	i ons (from Schedu	ıle A)					12		12 , 950.
If you checked any box under	13	Qualified business income deduct								13		
Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		82.	

Form 1040 (2022	2)						Page 2
Tax and	16	Tax (see instructions). Check if any from Forr	m(s): 1 881	4 2 🗌 4972	3 🗌	16	9.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	9.
	19	Child tax credit or credit for other dependent	nts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	9.
	21	Add lines 19 and 20				21	9.
	22	Subtract line 21 from line 18. If zero or less	, enter -0			22	0.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax				24	0.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 1,	123.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	1,123.
If you have a	26	2022 estimated tax payments and amount	applied 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 Schedule 881					
	29	American opportunity credit from Form 886	33, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you	ır total other pa	ayments and refu	ndable credits	32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments			33	1,123.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	. This is the amour	nt you overpaid	34	1,123.
neiuliu	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, chec	ck here	. 🗌 35a	1,123.
Direct deposit?	b	Routing number 3 2 1 1 8 0 3		c Type: 🛛	Checking Sa	vings	
See instructions.	d	Account number 9 3 4 6 2 6 7	5 0 4				
	36	Amount of line 34 you want applied to you	r 2023 estimate	ed tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the arr For details on how to pay, go to <i>www.irs.go</i>	•			37	
	38	Estimated tax penalty (see instructions) .	-		38		
Third Party Designee		you want to allow another person to distructions			See	plete below	. 🔀 No
Designee		signee's	Phone			al identification	
	nai		no.		number		
Sign		der penalties of perjury, I declare that I have examir ief, they are true, correct, and complete. Declaration					
Here	Yo	ur signature	Date	Your occupation			ent you an Identity
						Protection (see inst.)	PIN, enter it here
Joint return? See instructions.		and a signature of a initiative time health want time	Data	SOFTWARE E		, ,	ent your spouse an
Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			otection PIN, enter it here
	Ph	one no. (612) 946-2758	Email address	ANUSHKRISH	@GMAIL.COM		
		parer's name Preparer's signal		111,00111111111111111111111111111111111		PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		GUPTA TALLAM	02/03/2023 P	02082703	Self-employed
Preparer		n's name GLOBAL TAXES LLC			, , , , , , , , , , , , , , , , , , , ,		(678) 965-9522
Use Only		m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	88-2145487
Go to www.irs.go		n1040 for instructions and the latest information.		BAA	REV 01/28/23 PRO		Form 1040 (2022)

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2022

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

ANUSHA KRISHNAN

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

Sequence No. 03

Your social security number

168-11-3412

Par	t I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attack Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	9.
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800 6a		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839 6c		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f		
g	Mortgage interest credit. Attach Form 8396 6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h		
i	Qualified electric vehicle credit. Attach Form 8834 6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6k		
1	Amount on Form 8978, line 14. See instructions 6I		
Z	Other nonrefundable credits. List type and amount:		
	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR line 20	, 8	9.

BAA

Schedule 3 (Form 1040) 2022 Page **2**

Par	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		15	

8880 Form

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 54

(h) Vour spouse

Name(s) shown on return

ANUSHA KRISHNAN

Your social security number

168-11-3412

(a) Vou



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

esignated beneficiary foliations and 501 (contributions, and 501 (contributions 1 and 2	t Married filing jointly Enter o	ollover contributions employer plan, volunts for 2022 (see instructions). If married filing istructions for an exceup.	atary employee ctions)	ied filii	13,032.	163. 163. 163. 7		163.
lective deferrals to a 4 contributions, and 501(contributions, and 501(contributions, and 501(contributions) and 2	201(k) or other qualified of (18)(D) plan contributions (18)(D) plan contri	employer plan, volumes for 2022 (see instructions for an exceller) 't take this credit of the below. And your filing statutions for an exceller of household in line 9—	utary employee ctions)	2 3 4 5 6	13,032.	163. 163. 163.		163.
ontributions, and 501(codd lines 1 and 2	ceived after 2019 and tax return (see instructions in both columns. See ins 3. If zero or less, enter -0 e smaller of line 5 or \$2,0 form 1040, 1040-SR, or 1 imal amount from the tab	before the due dons). If married filing istructions for an excellation of take this credit of take this credit of take this credit of take this credit of the below. And your filing statue of household on line 9—	ctions)	3 4 5 6	13,032.	163. 163. 163.		163.
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xtensions) of your 2023 oth spouses' amounts ubtract line 4 from line neach column, enter th dd the amounts on line nter the amount from F nter the applicable dec If line 8 is— Over— But no over— \$20,500 \$22,000 \$30,75 \$30,750 \$33,00	2 tax return (see instruction in both columns. See instructions. S	ons). If married filing istructions for an exce of the structions for an exce of the structions for an exce of the structions for an exce of the struction of t	jointly, include eption	5 6	13,032.	163. 7		163.
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reach column, enter the dd the amounts on line on the the amount from Finter the applicable december of the amount of t	e smaller of line 5 or \$2,0 6. If zero, stop; you can't form 1040, 1040-SR, or 1 simal amount from the tab Married filing jointly Enter o	ono	us is— Single, Marr separate	ied filiilly, or	13,032.	163. 7		163.
dd the amounts on line nter the amount from F nter the applicable dec If line 8 is— Over— S20,500 \$22,000 \$30,75 \$30,750 \$33,00	t Married filing jointly	't take this credit . 040-NR, line 11* . ole below. And your filing statu Head of household In line 9—	us is— Single, Marr separate	ied filii	13,032.	7		163.
If line 8 is— Over— S20,500 \$22,000 \$30,750 \$33,000	form 1040, 1040-SR, or 1 imal amount from the tab Married filing jointly Enter o	040-NR, line 11* . ole below. And your filing statu Head of household n line 9—	us is— Single, Marr separate	ied filii	ng	_		103.
If line 8 is— Over— But no over— \$20,500 \$20,500 \$22,000 \$22,000 \$30,75 \$30,750 \$33,00	t Married filing jointly	And your filing statu Head of household n line 9—	us is— Single, Marr separate	ied filii	ng			
Over— S20,500 \$22,000 \$22,000 \$30,750 \$33,000	t Married filing jointly Enter o	And your filing statu Head of household n line 9—	Single, Marr separate	ly, or				
Over— But no over— \$20,500 \$20,500 \$22,000 \$22,000 \$30,75 \$30,750 \$33,00	t Married filing jointly Enter o	Head of household n line 9—	Single, Marr separate	ly, or				
Over—	filing jointly Enter o	household In line 9—	separate	ly, or				
Over—	filing jointly Enter o	n line 9—	separate	ly, or				
\$20,500 \$20,500 \$22,000 \$22,000 \$30,750 \$30,750	Enter o		Qualifying survi	ving sp	pouse		1	
\$20,500 \$22,00 \$22,000 \$30,75 \$30,750 \$33,00	0.5	0.5					4	
\$22,000 \$30,75 \$30,750 \$33,00	0.0	0.5	0.5					
\$30,750 \$33,00	0 0.5	0.5	0.2					
	0 0.5	0.5	0.1			9	Х	.5
\$33,000 \$34,00	0 0.5	0.2	0.1					
	0 0.5	0.1	0.1					
\$34,000 \$41,00	0 0.5	0.1	0.0					
\$41,000 \$44,00	0 0.2	0.1	0.0					
\$44,000 \$51,00	0 0.1	0.1	0.0					
\$51,000 \$68,00	0 0.1	0.0	0.0					
\$68,000	0.0	0.0	0.0					
N	ote: If line 9 is zero, stop;	you can't take this c	redit.					
fultiply line 7 by line 9		•				10		82.
imitation based on tax						11		

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

and on Schedule 3 (Form 1040), line 4





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

ANUS Your Fir	SHA st Name and Initial	KRISHNAN Last Name	168113412 Your Social Security Nu		241986 Date of Birth (MM/DD/YYYY)			
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security	Number Spous	se's Date of Birth			
7202 Current	L YORK AVENUE SOU Home Address	TH APT #S620	Check if Address is:		New Foreign			
MIN1 City	NEAPOLIS		MN State	554 ZIP Co	135 ode			
2022	Federal Filing Status (pla	ace an X in one box):						
X (1) Single (2) Married Filing Joint	Spouse Name		usehold	(5) Qualifying Widow(er)			
Depe	endents (see instructions	Spouse SSN						
Depend	lent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Depende	nt 1 Relationship to You			
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Depende	nt 2 Relationship to You			
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Depende	Dependent 3 Relationship to You			
	13032 ges, salaries, tips, etc. Recurrence B. II	instructions) O RA, pensions, and annuities	C. Unemployment	D. Federal tax	82			
A. Wag	es, salaries, tips, etc. B. II	RA, pensions, and annuities	C. Unemployment	D. Federal tax	able income			
1	Federal adjusted gross income	(from line 11 of federal Form 10	40 and 1040-SR)	1■ .	13032			
2	Additions to income from line 1	0 of Schedule M1M and line 9 o	f Schedule M1MB (see instructions)	2■				
3	Add lines 1 and 2			3	13032			
4	Itemized deductions (from Sche	edule M1SA) or your standard d e	eduction (see instructions)	4■ .	12900			
5	Exemptions (determine from ins	structions)		5 ■ .				
6	State income tax refund from lin	ne 1 of federal Schedule 1		6■ .				
7	Subtractions from line 32 of Sch	nedule M1M and line 21 of Sche	dule M1MB (see instructions)	7■ .				
8	Total subtractions. Add lines 4 t	hrough 7		8	12900			
9	Minnesota taxable income. Sub	otract line 8 from line 3. If zero o	r less, leave blank	9	132			
10	Tax from the table or schedules							

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		11 ■	
11	Atternative minimum tax (enclose schedule MIMT)			
12 13	Add lines 10 and 11	and 13b.	12	8
	line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Sched		13	8
14		ons (check appropriate boxes)		
		()		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule	ıle M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	8
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits (enclose Sche	dula M1C)	16	
16				
17	Subtract line 16 from line 15 (if result is zero or less, leave blank)		17	8
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		12 ■	
	This will reduce your relation of increase the amount you owe		10 =	
19	Add lines 17 and 18		19	8
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to represent the Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS		20 ■	706
	Willing to the office of the second of the s	20		
21	Minnesota estimated tax and extension payments made for 2022	21		
22	Amount from line 12 of Schedule M1REF, Refundable Credits (see instruction	22		
23	Total payments. Add lines 20 through 22		23	706
24	REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see ins	structions).		
25	For direct deposit, complete line 25	a foreign hankl:	24 ■	698
23				
	Checking Savings 321180379 934626 Routing Number Account Number	1		
2.0			26	
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line 23 from lin Penalty amount from Schedule M15 (see instructions). Also subtract	e 19 (see instructions)	26 ■	
	this amount from line 24 or add it to line 26 (enclose Schedule M15)		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited to estimated to		20 =	
28	Amount from line 24 you want sent to you		28 ■	
29	Amount from line 24 you want applied to your 2023 estimated tax		29 ■	
Тахр	ayer(s): I declare that this return is correct and complete to the best of my kno	wledge and belief.		
		ature (If Filing Jointly)	Date	e (MM/DD/YYYY)
	29462758 ANUSHKF Email Address	RISH@GMAIL.COM		
	AM PRIYA RAM SAGAR GUPTA TALLAM 0203202	23		2082703
Paid I	Preparer's Signature Date (MM/DD		PTII	N or VITA/TCE # (required)
	8 9 6 5 9 5 2 2 SYAM@GT arer's Daytime Phone SYAM@GT	AXFILE.COM ail Address		
1: 3		e the Minnesota Department of Revenue to	o discuss t	his tax return
	,, , , , , , , , , , , , , , , , , , , ,	preparer or the third-party designee indicat		

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010

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2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

ANUSHA Your First Name and Initia	ı	_ KRISH Last Name	NAN	16811 Your Socia	. 3412 I Security Number		
Tour First Hame and mile		Last Hame				1041 00014	. Security Humber
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's La	st Name			Spouse's S	ocial Security Number
If you received a feder	al Form W-2, 1099	, W-2G, 1042	S, or Minnesota Scl	hedule KPI,	KS, or KF showing M	innesota inco	ome tax withheld,
complete this schedul			•				
amounts to the neares				-		send in your	Forms W-2, 1099, o
W-2G; keep them with	•					o than five F	ormo () / / 2
1 Minnesota wages as complete line 5 on t		ithneid on For	ms vv-2, other than i	TOTH FOTTIS	w-2G. II you have mor	e than live Fo	JITTIS VV-2,
A	B—Box 13	C—Box 15		D—Box	16	E—Box 1	7
If the Form W-2 is for:	If Retirement Plan	Employer's	seven-digit Minnesota	State wa	ages, tips, etc.	Minnesot	ta tax withheld
you, enter 1	box is checked,	Tax ID Numl	per	(round t	to nearest whole dollar)	(round to	nearest whole dolla
• spouse, enter 2	mark an X below.		5054050		10000		50.6
a1 $\frac{1}{2}$	b1	c1 MN	7071279	d1	13032	e1	706
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for addition	nal Forms W. 2 (fron	n lina E an naa	e 2)				
Subtotal for addition	nai Fornis W-2 (<i>Jron</i>	n iine 5 on pag	e 2)				
Total Minnesota tax	withheld on all Fo	rms W-2 (add	amounts in line 1, co	lumn E)		1 🔳	706
2 Minnocoto tov with	hold on Forms 1000	W 2C and 10	142 C. If you have me	wa than face	r forms - complete line	Canthohoo	l.
2 Minnesota tax with	neia on Forms 1099	, vv-2G, and 10	142-5. II you nave mc	re than lou C	r forms, complete line	b on the bac	к.
If the Form 1099, W-2G	. or 1042-S is for:	Paver's seve	n-digit Minnesota Tax ID		amount (see the table on	_	sota tax withheld
 you, enter 1 	, 01 10 12 3 13 101.	-	unknown, contact the pa		k for amounts to include)		to nearest whole dollar)
• spouse, enter 2							
-1		h1 MN					
a1		DI IVIIV		C1		d1	
a2		b2 MN		c2		d2	
a3		b3 MN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for addition	nal 1099, W-2G, and	d 1042-S <i>(from</i>	line 6 on page 2)				
Total Minnesota ta	cwithheld on all 10	99. W-2G. and	1042-S (add amoun	ts in line 2.	column D)	2 ■	
					,		
3 Total Minnesota tax		-				2 ■	
4 Total. Add the Minr	•						
			iiu 5.			4 ■	706

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.

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