E1040 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 Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (. ,	_		`	_	spou	ifying surv ise (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last na	me					Yo	ur soc	cial securit	y number
RASAGNY <i>I</i>	4		GURRALA					7	712-77-3676			
		first name and middle initial	Last nai									curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Ар	t. no.	Pr	esider	ntial Election	on Campaign
107 ELY	CRES	SCENT									ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP coc	le				tly, want \$3 Checking a
ROBBINSV	/ILLE	Ε			NJ	-	0869	1			w will not	
Foreign country	/ name		F	Foreign province/state	count	у	Foreign	postal cod	de yo	ur tax	or refund.	Spouse
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, o	r payn	nent for prope	rty or se	ervices);	or (b)	sell,		spouse
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial	lintere	est in a digital	asset)?	(See ins	tructio	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	t Your spou	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	n before	e Januar	y 2, 1	958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relationsh	nip (4)	Check the	box if	qualif	es for (see	instructions):
If more	(1) F	rst name Last name		number		to you		Child tax	credit	t (Credit for oth	her dependents
than four]		[
dependents, see instructions	s ——										[
and check	. —										[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	13	31 , 500.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	instru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29	9.					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .				, .			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>					4	
	Z	Add lines 1a through 1h								1z	13	31,500.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	<u>3a</u>		3a			rdinary divide				3b		
	4a		4a			axable amoun				4b	+ -	
Standard Deduction for—	5a	-	5a			axable amoun				5b	+ - 5	54,095.
Single or	6a	,	6a			axable amoun	t		Ċ	6b		
Married filing separately,	C Z	If you elect to use the lump-sum e		·	•	,				-	4	
\$12,950	7	Capital gain or (loss). Attach Sche		•					Ш	7	+	
Married filing jointly or	8	Other income from Schedule 1, lin								8	1 1 1	0.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche	lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							10	+ 18	35 , 595.
\$25,900	10	•	,						•		1.0	
 Head of household, 	11	Subtract line 10 from line 9. This is Standard deduction or itemized							•	11		35,595.
\$19,400 If you checked	12 13	Qualified business income deduct		•	,					13	+	12,950.
any box under	14	Add lines 12 and 13								14	+	12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		12,950. 72,645.
see instructions.	.5	Sastract into 14 HOITI IIIIE 11. II Zei	0 01 1033	o, onitor o-, milo 15	your t	azabie ilicoli			•	13		2,040.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	35,478.
Credits	17	Amount from Schedule 2, lin	те 3					17	
	18	Add lines 16 and 17						18	35,478.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	те 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	35,478.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	5,410.
	24	Add lines 22 and 23. This is	your total tax					24	40,888.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 2	2,467.		
	b	Form(s) 1099				25b 1	0,819.		
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	33,286.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	33,286.
Refund	34	If line 33 is more than line 24						34	
neiulia	35a	Amount of line 34 you want				•		35a	
Direct deposit?	b	Routing number X X X				_	Savings		
See instructions.	d	Account number X X X	XXXX	XXXX					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	7,744.
	38	Estimated tax penalty (see i	_	•		38	142.	01	,,,,,,,,,
Third Party		you want to allow another					172,		
Designee		,					Complete	below.	X No
	De	signee's		Phone		Per	sonal identi	ification	
	naı	me		no.		nun	nber (PIN)		
Sign		der penalties of perjury, I declare in ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					IT		(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.							I .	itity Prote inst.)	ection PIN, enter it here
		one no. eparer's name	Preparer's signate	Email address	GURKALA05	3@GMAIL.CO Date	M PTIN		Check if:
Paid		•			CIIDMA MAITAN			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/20/2023	P0208		
Use Only		Firm's name GLOBAL TAXES LLC Phon Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'							(678) 965-9522
				MOMICK N			Firm	ı's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/09/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	ame(s) shown on Form 1040, 1040-SR, or 1040-NR Your so						
RASA	GNYA GURRALA		712-7	77-36	76		
Par	t I Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes			1			
2a	Alimony received			2a			
b	Date of original divorce or separation agreement (see instructions):						
3	Business income or (loss). Attach Schedule C		3				
4	Other gains or (losses). Attach Form 4797			4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	Ε.	5	0.		
6	Farm income or (loss). Attach Schedule F			6			
7	Unemployment compensation			7			
8	Other income:						
а	Net operating loss	8a ()				
b	Gambling	8b					
С	Cancellation of debt	8c					
d	Foreign earned income exclusion from Form 2555	8d ()				
е	Income from Form 8853	8e					
f	Income from Form 8889	8f					
g	Alaska Permanent Fund dividends	8g					
h	Jury duty pay	8h					
i	Prizes and awards	8i					
j	Activity not engaged in for profit income	8j					
	Stock options	8k		-			
ı	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		-			
0	Section 951A(a) inclusion (see instructions)	80		-			
p	Section 461(I) excess business loss adjustment	8p		-			
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r		-			
r	Nontaxable amount of Medicaid waiver payments included on Form	OI		-			
S	1040, line 1a or 1d	8s (١				
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (
·	a nongovernmental section 457 plan	8t					
u	Wages earned while incarcerated	8u					
z	Other income. List type and amount:						
_	earlor intestrior by the drift difficulty	8z					
9	Total other income. Add lines 8a through 8z			9			

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

0.

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Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	Jury duty pay (see instructions)	ła	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
-1	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	1q		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1h		
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	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	4k		
Z	Other adjustments. List type and amount:			
	24			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2022

Attachment Sequence No. 02

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

Your social security number
712-77-3676

1410.	1101111 0011111111	, , 50, 0	
Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	5,410.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(Co	ontinued	on page 2)

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	17I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 18	
19	Reserved for future use		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	5,410.

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

	snown on return				lacin	illyllig il	umber
RASA	GNYA GURRALA				712	2-77-	-3676
Par	t I 2022 Passive Activity Los	SS			•		
	Caution: Complete Parts IV a	and V before compl	eting Part I.				
	I Real Estate Activities With Active Fance for Rental Real Estate Activitie			ive participation, s	ee Special		
1a	Activities with net income (enter the	amount from Part IV	V. column (a)) .	1a			
	Activities with net loss (enter the amo)		
С	Prior years' unallowed losses (enter t)		
d						1d	
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the activities with net loss (enter the amore) Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	ount from Part V, co the amount from Pa	olumn (b)) art V, column (c))	2b (- 2c (0. 10,497.)	2d	-10,497.
						Zu	10, 457.
3	Combine lines 1d and 2d. If this line all losses are allowed, including any						
	losses on the forms and schedules n		ea iosses enterea		neport trie	3	-10,497.
	losses on the forms and schedules in						10/15/.
	on: If your filing status is married filing	loss (and line 1d is	•			year,	do not complete
Part II	Instead go to line 10						
	Instead, go to line 10.	ntal Real Estate	Activities With	Active Particina	ation		
	Special Allowance for Re Note: Enter all numbers in Pa			-			
	Special Allowance for Re	rt II as positive amo	ounts. See instruc	-		4	
Par	Special Allowance for Re Note: Enter all numbers in Pa	rt II as positive amo	ounts. See instruc ne 3	tions for an examp		4	
Par	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line	art II as positive amount II as positive amount II art II as positive amount II arately, see instruction	ounts. See instruc ne 3 ions	tions for an examp		4	
Par 4 5	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa	ort II as positive amount and or the loss on lir arately, see instruction ae, but not less than	ounts. See instruc ne 3 ions n zero. See instruc	tions for an examp		4	
Par 4 5	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa	ort II as positive amount and or the loss on lir arately, see instruction ae, but not less than	ounts. See instruc ne 3 ions n zero. See instruc	tions for an examp		4	
4 5 6	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	art II as positive amount II as positive amount II ar the loss on lire arately, see instructione, but not less than It to line 5, skip line	ounts. See instructions	tions for an examp	ole. 	4	
Par 4 5 6 7	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	art II as positive amount II as positive amount II ar the loss on lir arately, see instructione, but not less than all to line 5, skip line	ounts. See instructions	tions for an examp	nstructions		0.
4 5 6 7 8	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8	art II as positive amount II as positive amount II ar the loss on lire arately, see instructione, but not less than It to line 5, skip line	ounts. See instructions	tions for an examp	nstructions	8	0.
4 5 6 7 8 9	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8	art II as positive amount or the loss on lire arately, see instructione, but not less than all to line 5, skip line the contraction of the contrac	ounts. See instructions	tions for an examp	nstructions	8	0.
Par 4 5 6 7 8 9 Part	Special Allowance for Re Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8 III Total Losses Allowed	art II as positive amount or the loss on lir arately, see instructione, but not less than all to line 5, skip line	ounts. See instructions	tions for an examp tions for an examp for	nstructions	8 9	
Part 10 11	Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not e Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a a Total losses allowed from all passi out how to report the losses on your	art II as positive amount or the loss on lir arately, see instructione, but not less than all to line 5, skip line	ounts. See instructions 3	tions for an example to the street of the st	nstructions	8 9	
9 Part	Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a a Total losses allowed from all passi out how to report the losses on your	art II as positive amount or the loss on lir arately, see instructione, but not less than all to line 5, skip line	ounts. See instructions 3	tions for an example to the street of the st	nstructions	8 9	0.
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Part 10 11	Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not e Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a a Total losses allowed from all passi out how to report the losses on your	art II as positive amount or the loss on lire arately, see instructione, but not less than all to line 5, skip line enter more than \$25	ounts. See instructions 3	tions for an examp tions	nstructions ons to find	8 9 10 11 arall ga	0.
Part 10 11	Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a a Total losses allowed from all passi out how to report the losses on your IV Complete This Part Before	art II as positive amount or the loss on lire arately, see instructione, but not less than all to line 5, skip line are the more than \$25	ounts. See instructions 3	tions for an examp tions	nstructions ons to find	8 9 10 11 arall ga	0. 0. in or loss
Part 10 11	Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a a Total losses allowed from all passi out how to report the losses on your IV Complete This Part Before	art II as positive amount or the loss on lire arately, see instructione, but not less than all to line 5, skip line are the more than \$25	ounts. See instructions 3	tions for an examp tions	nstructions ons to find	8 9 10 11 arall ga	0. 0. in or loss
Part 10 11	Note: Enter all numbers in Pa Enter the smaller of the loss on line Enter \$150,000. If married filing sepa Enter modified adjusted gross incom Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not 6 Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a a Total losses allowed from all passi out how to report the losses on your IV Complete This Part Before	art II as positive amount or the loss on lire arately, see instructione, but not less than all to line 5, skip line are the more than \$25	ounts. See instructions 3	tions for an examp tions	nstructions ons to find	8 9 10 11 arall ga	0. 0. in or loss

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022)

1 01111 0302 (202	4)									rage Z	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
	Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
	Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall- loss (line		(d) Gain		(e) Loss	
			0.		10,497.					10,497.	
	on Part I, lines 2a, 2b, and 2c		0.		10,497.						
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
		_									
Total						1.00)				
Part VII	Allocation of Unallowed L			uction	S.	1.00					
	Name of activity	Form or sch and line nur to be reporte		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		e) Unallowed loss	
			E Ln 2	E I.n 22		10,497.		1.00000000		10,497.	
				<u> </u>							
Total					-	10,497.		1.00		10,497.	
Part VIII	Allowed Losses. See instr	ucti	ons.		1						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS	(b) Ur	(b) Unallowed loss		(c) Allowed loss	
			E Ln 22	2		10,497.		10,497.		0.	
Total						10.497.		10.497.		0 -	



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 712773676

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint Filers enter first name and middle initial of each}.\ Enter\ spouse's /CU\ partner's\ last\ name\ ONLY\ if\ different.)$

GURRALA RASAGNYA

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

Home Address (Number and Street, including apartment number)

107 ELY CRESCENT

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1112 \end{array}$

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

Direct Deposit Information

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



NJ-1040 2022 Page 2

Name(s) as shown on Form NJ-1040 GURRALA RASAGNYA

Your Social Security Number 712773676

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Part-	year res	ear residents, provide months/days you were a New Jersey resident during 202					Fiscal year filers only:				
Fron	n:	To:					Enter mo	nth of you	r year end	2	023
	i g Statu n only on										
1.	×	Single									
2.		Married/CU Couple, filing j	oint retu	rn							
3.	Married/CU Partner, filing separate return										
4.	Head of Household					Enter spouse's/CU partner's SSN					
5.		Qualifying Widow(er)/Surv	iving CU	Partner							
		Indicate the year of your spo	ouse's/Cl	U partner's death:	2020	2021					
Fill in		ls that apply. You must enter a tota	l in the bo		•			1	x \$1,000 =	1000	
6.	Regu		^	Self	Spouse/CU Partner		Domestic Partner	1			
7. 8.		r 65+ (Born in 1957 or earlier) /Disabled		Self Self	Spouse/CU Partner Spouse/CU Partner				x \$1,000 = x \$1,000 =		
o. 9.	Veter			Self	Spouse/CU Partner				x \$6,000 =		
9. 10.		fied Dependent Children		Sell	Spouse/CO Farmer				x \$1,500 =		
10.		Dependents							x \$1,500 =		
12.		ndents Attending Colleges (Se	a inetruet	tions)					x \$1,000 =		
13.	•	Exemption Amount (Add total		, and the second second	h 12)				13.	1000	
14.	Deper	ndent Information. Provide the	e followi	ng information for	each dependent.						
	Last 1	Name, First Name, Middle Init	ial				Social Security Number		Birth Year	No	Health Insurance
a.											
b.											
c.											
d.											



Name(s) as shown on Form NJ-1040 $\label{eq:gurrange} GURRALA \quad RASAGNYA$

Your Social Security Number 712773676

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NJ-1040 2022 Page 3

040MP03220

			101500
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	131500 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	54095 .
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	185595 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	185595 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	
32.	Alimony and separate maintenance payments (See instructions)	32.	
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	
37b.	NJCLASS Deduction	37b.	
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	184595 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1728 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	1720
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1728 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	182867 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	9522 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	3022 .
	Enter Code		·
45.	Balance of Tax (Subtract line 44 from line 43)	45.	9522 .
46.	Sheltered Workshop Tax Credit	46.	JJZZ •
47.	Gold Star Family Counseling Credit (See instructions)	47.	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•
49.	Total Credits (Add lines 46 through 48)	49.	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	9522 .
	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0		9322 .
51. 52.	Interest on Underpayment of Estimated Tax	51. 52.	52 .
Σ∠.		32. X	JZ •
52	Fill in if Form NJ-2210 is enclosed Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in		0 .
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .

NJ-1040 2022

Page 4

Name(s) as shown on Form NJ-1040 GURRALA RASAGNYA

Your Social Security Number 712773676

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Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	9574	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	6757	
56.	Property Tax Credit (See instructions page 24)		56.		
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	6757	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you own	e	67.	2817	
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	er the overpayment	68.		
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		
76.	Other Designated Contribution (See instructions)	Enter Code	76.		
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	2817	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		

the best of my knowledge and belief, it is true, correct, and combased on all information of which the preparer has any knowled Your Signature Date	ge.	on other than the taxpayer, this declaration is	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPT	'A TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		84-3171965	Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Name(s) as shown on Form NJ-1040	Social Security Number
GURRALA RASAGNYA	712-77-3676

Schedule NJ-BUS-1

New Jersey Gross Income Tax (Form NJ-1040) Business Income Summary Schedule

2022

Part I Net Profits From Business List the net profit (loss) from business(es). See Instruc								s). See Instructions	S		
	Business Name	Social Security Number/ Federal EIN			oer/	Profit or (Loss)					
1.											
2.											\Box
3.											\Box
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enterline 18, NJ-1040. If loss, make no entry on line 1		on			4.					
Part II Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.											
	Partnership Name	Federa	EIN				re of Pa			Share of Pass-Thr Business Alterna Income Tax	
1.											
2.											
3.											
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)				4.						
5.	Total Share of Pass-Through Business Alternativ (Add lines 1, 2, and 3.)(Enter here and include or			0.) 5	5.						
P	art III Net Pro Rata Share of S Cor	poration	Inc	ome	Э					of income (usable n(s). See instruction	
	S Corporation Name	Fodoral FIN Pro Rata Share of S Corporation Share of Pass-Throug			· ,	iness					
1.											
2.											
3.											
4.	Net Pro Rata Share of S Corporation Income or (Usabl (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-If loss, make no entry on line 22.)		4.								
5.	Total Share of Pass-Through Business Alternative Incon (Add lines 1, 2, and 3.)(Enter here and include on line 6		5.								
Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights											
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Se Fe		ty Nu I EIN	mbe		ype – E number f list abo	rom		Income or (Loss)	
1.	From federal Sch E	712773	676				1			-10,497.	
2.											
3.											
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make						4.		-10,497.		

Name(s) as shown on Form NJ-1040	Social Security Number
GURRALA RASAGNYA	712-77-3676

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A	Column B				
Part I Income (Loss)			Reportable Regular Business Income	Alternative Business Income (Loss)				
1.	Net Profits From Business	1a.	0.		1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-10,497.		
5.	Loss Carryforward From Tax Year 2021				5b.	()	
6.	Totals	6a.	0.		6b.	-10,497.		
Part	II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.					
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.					
9.	Business Increment (Subtract line 8 from line 7)	9.	0.					
10.	Adjustment Percentage	10.	(0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
Part	III Loss Carryforward to Tax Year 2023							
12.	Loss Carryforward to Tax Year 2023		12.	(10,497.)			

Instructions

Line 1a.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from line 21, Form NJ-1040.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from line 22, Form NJ-1040.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from line 23, Form NJ-1040.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.

The adjustment percentage for Tax Year 2022 is 50% (0.50).

Line 9.

Line 10.

Line 11.

Line 12.

If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.

Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.

Underpayment of Estimated Tax by Individuals, Estates, or Trusts

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

	al at line 32, i offi	1110-	1040, and en		1111 VVII	ii your returi	1.
Name(s) as shown on Form NJ-1040				Social Security I			
GURRALA RASAGNYA				712-77-	3676		
Part I Figuring Your Underpa	yment						
1. 2022 Tax (line 50, Form NJ-1040)					1		9,522.
2. Enter the total of lines 55 , 56 , 58 , 59 , 60 , 61 ,	, 62, 63, 64, and 69	5, For	m NJ-1040		2		6 , 757.
3. Subtract line 2 from line 1 (If less than \$400,	do not complete t	he res	st of this form)		3.		2,765.
4a. Multiply the amount on line 1 by .80 (80%) (Γwo-thirds for quali	fied fa	ırmers)		а.		7,618.
4b. Enter 2021 tax (From Form NJ-1040, line 4	9)				4b.		
			ļ		nt Due	Dates	
			(A) April 18, 2022	(B) June 15, 20)22	(C) Sept 15, 2022	(D) Jan 17, 2023
Use the lesser amount from either line 4a or four. Enter the result in each column		5.	1,904.	1,	904.	1 , 905.	1,905.
6. Estimated tax paid and tax withheld per period If each column on line 6 is greater than the column on line 5, do not complete the rest of	orresponding	6.	1,689.	1,	689.	1,689.	1,690.
7. Enter the overpayment (line 13) from the pre (Complete lines 7 through 13 for one column ing the next column.)	before complet-	7.					
8. Add line 6 and line 7		8.	1,689.	1,	689.	1,689.	1,690.
Enter the total underpayment (add line 11 and the previous column		9.			215.	430.	646.
10. Subtract line 9 from line 8. If zero or less, en	ter zero	10.	1,689.	1.	474.	1,259.	1,044.
11. Remaining underpayment from previous per zero, subtract line 8 from line 9. Otherwise e		11.	=,		0.	0.	0.
12. Underpayment (If line 5 is greater than line 10 from line 5)		12.	215.		430.	646.	861.
13. Overpayment (If line 10 is greater than line from line 10)		13.					
Part II Exceptions (See instructions. Complete worksheets for excell f you meet exception 1 at line 15, do not file						,	
14. Total amount paid and withheld from January payment due date shown. (Do not include with the control of the	thholdings after		April 18, 2022	June 15, 202	2 S	ept 15, 2022	Jan 17, 2023
December 31, 2022.) (See instructions)			1,689.	3,37		5 , 067.	6 , 757.
15. Exception 1 – Enter 2021 tax (line 49)	\$	15	25% of 2021 Tax	50% of 2021 T	ax 75	% of 2021 Tax	100% of 2021 Tax
16. Exception 2 – Tax on 2021 gross income usine exemptions and tax rates			25% of Tax	50% of Tax		75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2022 incom	ıe	17.	20% of Tax	40% of Tax		60% of Tax	
18. Exception 4 – Tax on 2022 income over 3, 5, periods		18.	90% of Tax	90% of Tax		90% of Tax	
If the amount of any exception is equal to or less	s than the correspo	nding	amount at line	· 14, interest	will not	be charged f	or that period

\$

52.

GURRALA RASAGNYA 712-77-3676

NJ-2210 2022

Worksheets

Exception III Tax on 2022 Annualized Income (attach calculations)

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

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

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

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

NJ-2210/2210NR Line 19

Interest Computation Worksheet Attach to Form NJ-2210 or NJ-2210WK

2020

Name as Shown on Return	Social Security No.
GURRALA RASAGNYA	712-77-3676

Option 1

		Α	В	С	D	E	F	G
	Period	Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)
1	6/16-							
2	7/15	1,904.		<u> 1,904.</u>	1,689.	215.	005	2.
_	7/16 - 9/15	1,904.	215.	2,119.	1,689.	430.	.010	8.
3	9/16 - 1/15	1,905.	430.	<u>2,335.</u>	1,689.	646.	021	20.
4	1/16 - 4/15	1,905.	646.	<u>2,551.</u>	1,690.	861.	016	22.
5	Total inte	rest for Option	1				. 5	52.

Option 2

	Payment due dates	(a) 6/15/2020	(b) 7/15/2020	(c) 9/15/2020	(d) 1/15/2021
1 2 3 4 5 a	Payment date				
6	Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	.0625	.0625	.0625	.0625
7 8 9 a b	If line 1 is blank, skip lines 7 through 10. Payment amount Underpayment amount Number of months from payment date to next quarter due date Interest rate Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	.0625	.0625		.0625
11	Total interest for Option 2. Add I	ines 6 and 10, colur	mns (a) through (d)	11	

NJIW0801.SCR

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
GURRALA RASAGNYA	712-77-3676
Part I	
Did you and, if applicable, all members of your tax household, ha coverage for every month in 2022 (See instructions for line 53, N include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in enclose this schedule with your return. No. Continue to Part II.	IJ-1040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of every month each person had minimum essential health coverag (part-year residents include only months as a New Jersey reside exemption, enter the exemption number. (See instructions for line more than one exemption number, check the box. If you need more any additional individuals.	ge or qualified for an exemption nt). If an individual qualified for an e 53, NJ-1040.) If an individual has ore space, enclose a statement listing
QuickZoom to Shared Responsibility Payment Calculation Worksheet	

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code Check box if this individual has more than one exemption number													
	1		Check	box if t	his indi	vidual i	s unde	r 18 .			·		
				Ш				Ш					
Exemption Code	Check box if this individual has more than one exemption number . Check box if this individual is under 18												
			Cneck	DOX IT T	nis indi 	viduai i	s unde	r 18				ii	
Exemption Code	l ———·		Check	box if t	l∟ his indi	ı∟ vidual l	has mo	re thar	ı∟ n one e	ı∟ xempti	on nur	nber .	
	-	_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .				·	
	l				<u> </u>							<u> </u>	
Exemption Code		_	Check								on nun	nber	
			Check	DOX IT T	nis indi 	viduai i	s unde	r 18				ii	
Exemption Code	l ———·		Check	box if t	l∟ his indi	ı∟ vidual l	has mo	re thar	ı∟ n one e	ı∟ xempti	on nur	nber .	
	-	_	Check							•			
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .				·	
					<u> </u>	<u> </u>				 		<u> </u>	
Exemption Code		_	Check Check								on nun	nber .	
			Check	DOX II L		Viduai i	Sunde	10.				i	H
Exemption Code	l		Check	box if t	ı∟ his indi	ı∟ vidual l	has mo	re than	ı∟ı ı one e	xempti	on nur	nber -	
		_	Check									. <u></u>	
Exemption Code		_	Check										
			Check	box if t	his indi	vidual i	s unde	r 18 .					