## 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

internal nevertue Service		
Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
CHANDRASHEKAR REDDY GURRAM	177-43-	-4055
Spouse's name		al security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (El	nter year you a	re authorizing )
Enter whole dollars only on lines 1 through 5.	inter year you ar	e authorizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1 67,</b> 871.
2 Total tax		2 6,881.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 11,716.
4 Amount you want refunded to you		4 4,835.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen		
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 the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, 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 in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ne U.S. Treasury are t indicated in the ta itution to debit the inate the authoriza requests must be the processing of he payment. I furti	nd 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		
<u></u>	ata my DINI	4 0 5 5
X I authorize GLOBAL TAXES LLC to enter or gener	Ent	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.		
Your signature ▶ Date	<b></b>	
Spouse's PIN: check one box only		
• —	ata my DINI	
I authorize to enter or gener		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only	1011	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	1-1-1-1-1	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 incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retu	rn in accordance with the
ERO's signature ▶ Date		
FRO Must Retain This Form — See Instructions		

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	<b>S</b> X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household	(HOH)	☐ Qı		ng surviv	ving
Check only	lf vo	ou checked the MFS box, enter the n	omo of s	vour apouse. If you	obook	ad tha UOU a	r OCC have	ontor t			(QSS)	a ualifuina
one box.	-	son is a child but not your dependen	-	our spouse. II you	CHECK	ed the non of	QSS DOX	, enter t	ne criiia	Silai	ne ii the	qualifying
Your first name			Last na	me					Vour	encial	sacurity	number
											-	Hullibei
CHANDRAS		AK KEDDY s first name and middle initial	GURR Last na						177-43-4055 Spouse's social security num			
ii joint letuin, s	pouses	s ilist hame and middle ilittal	Lastria	ille					Spous	C 3 30	ciai secu	Tity Hulliber
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt.	10.	Drosic	lential	Flection	n Campaign
833 WHIT	•	•	,				7.5		1		if you, o	
		ce. If you have a foreign address, also co	omplete s	naces below.	Sta	te.	ZIP code		spous	e if fil	ing jointl	y, want \$3
HUMMELS7		50 y 50 a .6.5.g aaa. 555, a.55 5.	op.oto o	pacco 20.0111	PA		17036				s fund. C will not c	hecking a
Foreign country			F	Foreign province/state			Foreign po	stal code	_		refund.	nange
. or orgin ocumi.	,			oroigir province/etat	o, 00 a	,	. o.o.g po	0141 0040			You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward award o	nr navr	nent for prope	rtv or serv	rices): o	r (h) sell		<u> </u>	
Assets		ange, gift, or otherwise dispose of	•				-	, ,	, ,	_	Yes	⊠ No
Standard		eone can claim: You as a de								, _		
Deduction	_	Spouse itemizes on a separate return	•	•		•						
				_								
Age/Blindness	_		958	Are blind S	pouse		rn before				」Is blin	
Dependents				(2) Social secur	rity	(3) Relationsh	"P		-	1		nstructions):
If more	(1) F	irst name Last name		number		to you	C	hild tax	credit	Cred	lit for othe	er dependents
than four dependents,											<u> </u>	
see instruction	s —										<u>_</u>	
and check	, —										<u></u>	
here									<del> </del>			
Income	1a	Total amount from Form(s) W-2, b	,	,						a .		5,600.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							C			
attach Forms	d	Medicaid waiver payments not rep			nstru	ctions)				d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits								e		
was withheld.	f	Employer-provided adoption bene			29 .					lf		
If you did not	g	Wages from Form 8919, line 6 .								g		
get a Form W-2, see	h	Other earned income (see instruct	,						. []	h		0.
instructions.	  -	Nontaxable combat pay election (	see instr	uctions)		1					71	E 600
	Z	Add lines 1a through 1h	o-		 L T					Z		5,600.
Attach Sch. B if required.	2a	'	2a 3a			axable interes Irdinary divide				2b Bb		
	3a 4a		4a			axable amoun				lb		
Standard	<del>ч</del> а 5а		5a			axable amoun				ib i		
Standard Deduction for—	6a		6a			axable amoun				b		
Single or	C	If you elect to use the lump-sum e		method check her					i L			
Married filing separately,	7	Capital gain or (loss). Attach Sche							<u> </u>	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin			•					8		7,729.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		7 <b>,</b> 729. 7 <b>,</b> 871.
Qualifying surviving spouse,	10	Adjustments to income from Sche								0		,, , , , , .
\$25,900 Head of	11	Subtract line 10 from line 9. This is								1	——————————————————————————————————————	7,871.
household,	12	Standard deduction or itemized	-	-						2		2,950.
\$19,400 If you checked	13	Qualified business income deduct				5-A				3		_,
any box under Standard	14	Add lines 12 and 13							_	4	1:	2,950.
Deduction,	15	Subtract line 14 from line 11. If ze							_	15		4,921.
see instructions.					•				<u> </u>	_	Ť	,

orm 1040 (2022		Tour (and instructions) Observe if your form Forms (a), d	40	Page 2
ax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	/,/01.
redits	17	Amount from Schedule 2, line 3	17	7 701
	18	Add lines 16 and 17	18	7,701.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	000
	20	Amount from Schedule 3, line 8	20	820. 820.
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	6,881.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	6,881.
ayments	25	Federal income tax withheld from:		
	a	Form(s) W-2	-	
	b	Form(s) 1099	-	
	C	Other forms (see instructions)	05.1	11 716
	d	Add lines 25a through 25c	25d	11,716.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27 28	Earned income credit (EIC)	-	
		Additional child tax credit from Schedule 8812	-	
	29 30			
			-	
	31	Amount from Schedule 3, line 15	20	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	11,716.
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	4,835.
efund	34 35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34 35a	4,835.
rect deposit?	ათa b	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,055.
e instructions.	d	Account number 3 8 1 0 4 1 1 1 2 4 3 0		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
mount				
ou Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
ou owc	38	Estimated tax penalty (see instructions)	31	
hind Danke				
hird Party esignee		you want to allow another person to discuss this return with the IRS? See tructions	elow	X No
-colgilee		signee's Phone Personal identifi		
	nar			

Designee	instructions					omplete below.	×	No			
	Designee's name		Phone no.			sonal identification ber (PIN)					Γ
Sign		, I declare that I have examir ct, and complete. Declaration									
Here	Your signature		Date	Your occupation		If the IRS sent you an Identity Protection PIN, enter it here					
Joint return?				(see inst.)					$\perp$		
See instructions. Keep a copy for	Spouse's signature. If a jo	Date	Spouse's occupation	<b>I</b>	If the IRS sent your spouse an Identity Protection PIN, enter it he						
your records.						(see inst.)					T
	Phone no. Email address			ess GCREDDY1588@GMAIL.COM							
	Preparer's name	Preparer's signa	ature		Date	PTIN	Ch	eck if	:		

Preparer Use Only

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name GLOBAL TAXES LLC

Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816

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

**Paid** 

BAA	

03/04/2023

P02082703

Firm's EIN

Self-employed

Phone no. (678) 965-9522

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2022

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(s) shown on Form 1040, 1040-SR, or 1040-NR
CHANDRASHEKAR REDDY GURRAM

Part I Additional Income

Your social security number
177-43-4055

га	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-7 <b>,</b> 729.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	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		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-7 <b>,</b> 729.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	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)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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. 03

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

**Your social security number** 177-43-4055

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 Form 2441		2	
3	Education credits from Form 8863, line 19		3	820.
4	Retirement savings contributions credit. Attach Form 8880		4	
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	61		
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-line 20	SR, or 1040-NR,	8	820.

REV 02/24/23 PRO

Page 2 Schedule 3 (Form 1040) 2022

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	are an experience of the control of	13b		
С	Reserved for future use	13c		
d		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	from Schedule(s) H for leave taken after March 31, 2021, and	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	-SR, or 1040-NR,	15	
	RAA REVO	02/24/23 PRO	Schedu	ıle 3 (Form 1040) 2022

#### **SCHEDULE E** (Form 1040)

**Supplemental Income and Loss** 

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **13** Your social security number

CHA	NDRASHEKAR REDDY GURRAM						177-4	13-4055	
Par	Income or Loss From Rental Real Esta Note: If you are in the business of renting personal rental income or loss from Form 4835 on page 2, li	property, use		e C. See	instruc	tions. If you a	are an ind	ividual, rep	ort farm
	Did you make any payments in 2022 that would require	re you to file							
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, sta	ate, ZIP cod	e)						
Α	FLAT NO:303, PAVAN RESIDENS Y, KUNDA	ANBAGH	BEGUMPI	ET, HY	DERAF	BAD, TELAI	VGANA	TN 5000	716
В						,			<i>-</i>
1b	(from list below) above, report the number	For each rental real estate property listed above, report the number of fair rental and Pays					Perso	QJV	
Α	personal use days. Check			Α		365		0	
В	if you meet the requiremer qualified joint venture. See			В					
C	qualified joint venture. See	, in Straction	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Terr Multi-Family Residence 4 Commercial	m Rental	5 Land 6 Roya			Self-Rental Other (desc			
						Propert	ies:		
Incon				Α		В			С
3	Rents received			4	80.				
4	Royalties received	4							
Expe									
5	Advertising								
6	Auto and travel (see instructions)				60				
7	Cleaning and maintenance			/	69.				
8	Commissions								
9	Insurance								
10	Legal and other professional fees				10				
11	Management fees			1,1	40.				
12	Mortgage interest paid to banks, etc. (see instruction								
13	Other interest			2 7	1.0				
14	Repairs			2,7					
15	Supplies			2,1	55.				
16	Taxes			1 /	20				
17	Utilities			1,4	29.				
18		40							
19 20	Other (list) Total expenses. Add lines 5 through 19			8,2	na				
	Subtract line 20 from line 3 (rents) and/or 4 (royalti-			0,2	U J .				
21	result is a (loss), see instructions to find out if you file <b>Form 6198</b>			-7,7	29.				
22	Deductible rental real estate loss after limitation, if on Form 8582 (see instructions)	f any,	(		29.)(		,	)(	)
23a	Total of all amounts reported on line 3 for all rental	properties			23a		480.		
b	Total of all amounts reported on line 4 for all royalty	y properties			23b				
С	Total of all amounts reported on line 12 for all prop	erties			23c				
d	Total of all amounts reported on line 18 for all prop	erties			23d				
е	Total of all amounts reported on line 20 for all prop	erties			23e	8	3,209.		
24	Income. Add positive amounts shown on line 21.	Do not inclu	ude any lo	osses			. 24		
25	Losses. Add royalty losses from line 21 and rental rea	al estate loss	ses from li	ne 22. E	nter to	tal losses he	re <b>25</b>	(	7 <b>,</b> 729.
26	Total rental real estate and royalty income or (I here. If Parts II, III, IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include	o not apply	to you,	also er	nter thi	s amount o			-7.729.

## Form **8863**

Department of the Treasury Internal Revenue Service

# Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

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

CHANDRASHEKAR REDDY GURRAM

Your social security number

177-43-4055



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 II	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, <b>stop</b> ; you can't take any education credit	4					
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			-		
6	If line 4 is: • 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 (ro at least three places)			}	6		
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portu	nity credit;	7		
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8		
Part	II Nonrefundable Education Credits						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ctions) .	9		
10	After completing Part III for each student, enter the total of all amounts from zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	4,	100.
11 12	Enter the smaller of line 10 or \$10,000				11 12		100. 820.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		90,000.			
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		67,871.			
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		22,129.			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		10,000.			
17	If line 15 is: • 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 least three places)			}	17	1.	.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	nstru	ctions) .	18	8	820.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3	Limit	Work	sheet (see	19		820.

Name(s) shown on return

CHANDRASHEKAR REDDY GURRAM

Your social security number

177-43-4055



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

_					
Par					
20	Student name (as shown on page 1 of your tax return)		udent social security number (as s	hown	on page 1 of
	CHANDRASHEKAR REDDY	yo	our tax return)		
	GURRAM		177-43-4055	_	
	Educational institution information (see instructions)	1			
a	Name of first educational institution	b. Na	ame of second educational instituti	ion (if a	any)
	Campbellsville University Inc.				
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>		Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	1 University Drive				
	CAMPBELLSVILLE KY 42718				
(	2) Did the student receive Form 1098-T from this institution for 2022?   ✓ Yes ☐ No		Did the student receive Form 1098 from this institution for 2022?	-T _	Yes No
(	3) Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked?	1	Did the student receive Form 1098 from this institution for 2021 with b 7 checked?	_	] Yes □ No
(	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.	i	tion number (EIN) ty credit or if you ne EIN from Form		
	61-0469267				
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?		— Stop! 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.	X Yes		– <b>Sto</b> his stu	<b>p!</b> Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	IX I	— Stop! to line 31 for 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?				nplete lines 27 ) for this student.
CAUT	You <b>can't</b> take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don			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	Subtract \$2,000 from line 27. If zero or less, enter -0			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			30	
	Lifetime Learning Credit		,		
31	Adjusted qualified education expenses (see instructions). Incl	ude the t	otal of all amounts from all Parts		
	III line 31 on Part II line 10			21	4 100

#### PA-40 - 2022

### Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

					N	Extension.	N	Amended Return.
177434	055				P	Residency Statu	s.	
GURRAM					「	=		Part-Year Resident
CHANDR	ASHEKAR	R	Occupation	on DEVOPS ENG	Z	from <b>CL S</b> ingle, Married/Filing <b>M</b>		
			Occupation	on	N	Deceased		
					N	Taxpayer Date o	f Death	
					N	Spouse Date of l	Death	
833 WH	ITETAIL	DR				F		
HUMMEL	NWOTZ		PΑ	17036	N	Farmers. School District I	Name <b>HA</b>	RRISBURG CI
				22275				
	_	. Do not include e benefits. See the	_	come, such as combat zone pay	and	la		34200
	_	oyee Business Exp ubtract Line 1b fi		1a.		lb lc		0 34200
3 Divide	end and Capital		ns Income	quired.  E. Complete <b>PA Schedule B</b> if reness, Profession or Farm.	equired.	2 3 4		0 0 0
<ul><li>6 Net In</li><li>7 Estate</li><li>8 Gamb</li><li>9 Total</li></ul>	come or Loss f or Trust Incom- ling and Lotter PA Taxable In	rom Rents, Royal ne. Complete and y Winnings. Com come. Add only	ties, Pater submit <b>P</b> A plete and the positive	sposition of Property.  Ints or Copyrights.  A Schedule J.  Submit PA Schedule T.  In the income amounts from Lines reported on Lines 4, 5 or 6.	le,	5 6 7 8 9		0 0 0 0 34200
				for the type of deduction.	N	70		0
		for additional info e Income. Subtra		) from Line 9.		11		34200
· ·			1					3,200
1555 REV	01/31/23 PRO					<u> </u>		

Page 1 of 2





Social Security Number

#### 177434055 Name(s) CHANDRASHEKAR RE GURRAM

Prep	arer's Name and Telephone Number		Date 030423	E-File Op	t Out	N	I
accom	panying schedules and statements, and to the best Signature		correct, and complete.				
Sign	ature(s). Under penalties of perjury, I (we) decla	re that I (we) have examined this	return including all				
36	Refund donation line. Enter the organ				36 35		
35	Refund donation line. Enter the organ Refund donation line. Enter the organ				34 35		
33 34	Refund donation line. Enter the organ				33		
	Refund donation line. Enter the organ				32		
30 31	Refund – Amount of Line 29 you wan Credit – Amount of Line 29 you wan	•		REFUND	37 30		0
	The total of Lines 30 through 36 mi	=			7.5		
	the difference here.		,, 2 25 and 2 2,				U
28 29	TOTAL PAYMENT DUE. See the in OVERPAYMENT. If Line 24 is mor		Line 25 and Line 27.	enter	28 29		0
27	Penalties and Interest. See the instruc If including form RE	tions. Enter Co V-1630/REV-1630A, man			27		0
26	<b>TAX DUE.</b> If the total of Line 12 and	Line 25 is more than line	e 24, enter the difference	ce here.	5P		Ö
	USE TAX. Due on internet, mail order				25		1050 0
<ul><li>23</li><li>24</li></ul>	Total Other Credits. Submit your PASTOTAL PAYMENTS and CREDIT				23 24		1050
22	Resident Credit. Submit your <b>PA Sch</b>				22		<u> </u>
20 21	Total Eligibility Income from Section <b>Tax Forgiveness Credit</b> from Section				57 50		0
	Dependents, Section II, Line 2, PA So		CD.		19b	00	
	Forgiveness Credit. Submit PA Sch Filing Status: 01 Unmarried or S		d 03 Deceased		19a	00	
18	<b>Total Estimated Payments and Cree</b>		and 17.		18		0
17	•		•		17		Ö
		,	IN		16		
15	2022 Estimated Installment Payments		N		15		0
1/1	Credit from your 2021 PA Income Ta.	v return			14		
12 13	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instru	_			73 75		1050 1050

1555 REV 01/31/23 PRO

Page 2 of 2



### PA SCHEDULE E

Rents and Royalty Income (Loss)

		PA-40 E (EX) 06-22 (I) PA Department of Revenue			OFFICIAL USE ONLY
		expayer filing this schedule ASHEKAR RE GURRAM		Social Security No.	umber (shown first) or EIN - 4055
Sales Tax L	icens	se Number (if applicable). See the instructions.	Are rental payments ma	de by lessees through a third pa	rty broker? Yes No
of oil, gas	and	uctions. Report the income and expenses for the use of your pers d other minerals from your property, and the use of your patern your property or producing products from your paterns.	ts and copyrights. Note:	If you are in the business	
SECT	ION	PROPERTY DESCRIPTION			
Enter the	type	and complete address of each rental real estate property, and/o	r each source of royalty in	come. See the instruction	S.
Туре		Description of Property For Profit Prope	rty Complete Add	ress (street, city, state and	ZIP code)
A 3	זייו		FLAT NO:303,		
	LI		I, KUNDANBAGH , BE	GUMPET, HIDEKABAD	TELANGANA, 50001
В		YES NO			
		YES			
С		NO O			
Property t	type	: 1. Single family residence 3. Vacation/short-term rental 5. La 2. Multi-family residence 4. Commercial 6. Ro	nd 7. Self-rental byalties 8. Other, desc	cribe:	
SECTI	ION	II INCOME & EXPENSES			
			Property A	Property B	Property C
Line	a: l	dentify the property from Section I and indicate ownership (T/S/J)	T O S O J	$\bigcirc$ T $\bigcirc$ S $\bigcirc$ J	□ T □ S □ J
Line	b: I	s the property rental location in PA?	YES NO	YES NO	YES NO
Line	c: l	s the property rented for any period less than 30 days?	YES NO	YES NO	YES NO
Income:	1. F	Rent received	480		
	2. F	Royalties received			
Expenses	:3. A	Advertising			
	4. A	Automobile and travel			
	5. (	Cleaning and maintenance	769		
	6. 0	Commissions 6.			
	7. li	nsurance 7.			
	8. L	egal and professional fees	1 1 1 1		
	9. N	Management fees	1,140		
	10. N	Mortgage interest			
	11. (	Other interest	0 51 6		
	12. F	Repairs	2,716		
	13. S	Supplies	2 <b>,</b> 155		
	14. T	Faxes - not based on net income14.	1 400		
	15. L	Jtilities	1,429		
		Depreciation expense - See the instructions			
	17. (	Other expenses (itemize):			
	18. T	Fotal Expenses - Add Lines 3 through 17	8,209		
Income	19. <b>I</b> I	ncome – Subtract Line 18 from Line 1 or 2	,		
		Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.	O		
	21. <b>N</b>	Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the ins	tructions (fill in the	oval, if a net loss) 21.	
	22. N	Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	e instructions (fill in the	oval, if a net loss) 22.	0
	23. F	Rent or royalty income (loss) from PAS corporation(s) and partnerships from your	,	,	
		PA Schedule(s) RK-1 or NRK-1	,	oval, if a net loss) 23.	
		otal all Line 22 and 23 amounts and include on Line 6 of your PA-40.	(fill in the	oval, if a net loss) 24.	0
			REV 01/31/23 PRO		1555



2201410020



#### PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 11-22 2022

Decialation Control Number/Submission id		
Primary Taxpayer's Name	Social Security Number	
CHANDRASHEKAR RE GURRAM	177-43-4055	
Secondary Taxpayer's Name	Social Security Number	
SECTION I TAX RETURN INFORMATION – TAX YEAR EN	IDING DEC. 31, 2022 (whole dollars only)	
1. Adjusted PA taxable income (Form PA-40, Line 11)		34,200
2. PA tax liability (Form PA-40, Line 12)		1,050
3. Total PA tax withheld (Form PA-40, Line 13)		1,050
4. Amount to be refunded (Form PA-40, Line 30)		
5. Total payment (tax due) (Form PA-40, Line 28)	5	0_
SECTION II DECLARATION AND SIGNATURE AUTHORIZ	ATION OF TAXPAYER	
institution to debit the entry to my account and the financial institutions involve information necessary to answer inquiries and resolve issues related to payme the United States or one of its territories. I have selected a personal identificable, my electronic funds withdrawal consent.  PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Ma  CX: I authorize GLOBAL TAXES LLC to en	ent. I certify the funds for this withdraw are origin ication number as my signature for my electron ark one oval only.	ating from an account within ic income tax return and, if
electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2022 electronically	filed income tay return	
	med income tax return.	12 .
Signature		Date
SECONDARY TAXPAYER'S PIN Mark one oval only.		
I authorize to en electronically filed income tax return.	,	ature on my tax year 2022
I will enter my PIN as my signature on my tax year 2022 electronically	filed income tax return.	
Signature		Date
SECTION III CERTIFICATION AND AUTHENTICATION – PI	RACTITIONER PIN PROGRAM PARTICIPAN	NTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-sele	ected PIN222496 <sub>/ 61989</sub>	
As a participant in the Practitioner PIN Program, I certify the above numeric en income tax return for the taxpayer(s) indicated above. I confirm I am particip established for this program.		
ERO's Signature		Date

The ERO must retain this form and supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2022

► Keep for your records

	; ;	v Giibi	77 D	DE CUDDAM			Social	Security Number	er
1AI	IDIN	ASHEI	VAI	RE GURRAM	Federal Forms	W-2	.  <u> </u>	43-4033	
# of <i>N</i> 2	* N T / T X B L	TS	N R H	E ide	Employer Name  Employer entification mber from box B	Federal wages from box 1 Medicare wages from box 5	comp fror (See Penr ( inc	nsylvania state) pensation m box 16 Tax Help) nsylvania (state) come tax withheld m box 17	ST ID
P	enns	sylvani	a W-	47-1450227	NSULTING LLC		,200.		0.
N W	on-P	ennsy	di com	. 144.04.04.1					
	itnno	olding	···	ia W-2 to Schedu	Federal Forms W-2:	1	,050.		
# of	*	olding TS	E ide	Employer entification box B		1	, 050 .	ocal income tax (local) from box 19	ı
		1	E ide	Employer entification lamber from	Federal Forms W-2:	Local Tax  Local wages tips, etc. (local)	, 050 .	ocal income tax (local)	ST
# of N2 	* ennsedera	TS  Sylvani al Forrash tips	a Lo	Employer entification lamber from box B	Federal Forms W-2:	Local Tax  Local wages tips, etc. (local) from box 18	, 050 . s, L	ocal income tax (local)	STID
# of V2	* ennsedera	TS  Sylvani al Forrash tips	a Lo	Employer entification lamber from box B	Locality name  Locality name	Local Tax  Local wages tips, etc. (local) from box 18	, 050 . s, L	ocal income tax (local) from box 19	STID
# of N2	* ennsedera	TS  Sylvani al Forrash tips	a Lo	Employer entification labor from box B cal W-2	Federal Forms W-2:  Locality name  ips, line 6	Local Tax  Local wages tips, etc. (local) from box 18	, 050 . s, L	ocal income tax (local) from box 19	ST ID

*				D FIN	T/0	0 1	PA Taxable	PA Tax	Fed.
*	Payer Name	!		Payer EIN	T/S	Code	Comp.	Withheld	Income
<u> </u>	l <u> </u>								
	vania Payment type: ecutor fee		Н	Other nonemple	ovee co	mpensa	ation.		
Jur	ry duty pay			Describe:	•				
	ector's fee		Ļ	Employer spon	sored re	etiremer	nt/pension/defe	erred compen	sation plan
	pert witness fee norarium			Distribution from Distribution from				ndowment C	ontracts
	venant not to compete		L L	Distribution from	n Chari	able Gi	ft Annuities	ildowillelit O	Ontiacts
Da	mages or settlement for	or		Distribution from	n Emplo	yee Sto	ock Ownership	Plan.	
	st wages, other than rsonal injury			Describe:	rom o ti	ruot			
pei	rsonai injury			Fiduciary fees f Other income r Describe:	ot listed	l above			
							Тахра	wor	Spouse
Misce	llaneous Compensatio	n fror	n Fo	rm 1099MISC/	1099K/1	099NE	тахра С.	lyei	Spouse
Withh	olding						·		
		Coi	mpe	ensation from	Fede	al For	ms 1099R		
*	Payer's EIN Payer's Name	Co.	mpe Fed #	PA Gr				A Taxable	
*		Т	Fed	PA Gro	oss			A Taxable	
*		Т	Fed	PA Gro	oss			A Taxable	
*		Т	Fed	PA Gro	oss			A Taxable	PA Tax Withheld
*		Т	Fed	PA Gro	oss			A Taxable	
*		Т	Fed	PA Gro	oss			'A Taxable	
*		Т	Fed	PA Gro	oss			'A Taxable	
	Payer's Name	T S	Fed #	PA Gro	oss oution		Basis F		Withheld
		T S	Fed #	PA Gro	oss oution		Basis F		Withhel
	Payer's Name	T S — — — — ne is	Fed #	PA Gro	oss oution		Basis F		Withhel
* E	Payer's Name  Enter an 'X' if this inconvania Distribution type entry	T S — — — — ne is	Fed #	PA Gro	oss pution sylvania	a tax - F	Basis F PA Part-Year a ot eligible yet;	nd Nonreside	Withhel
* E	Enter an 'X' if this inconvania Distribution type entry a school, state, or muni	T S — — — — ne is cipal	Fed #	PA Gro	ess pution sylvania	a tax - F	PA Part-Year a ot eligible yet; itional or Roth	nd Nonreside	ents Only.
* Ennsyl·I No	Enter an 'X' if this inconvania Distribution type entry a school, state, or muniplied Mine Workers pen	T S — — — — ne is cipal	Fed #	PA Gro	sylvania	e tax - F  2 I'm n  1 Trad  2 Trad	PA Part-Year a ot eligible yet; itional or Roth itional or Roth	nd Nonreside plan is eligib IRA; I'm over IRA; I'm unde	ents Only.
* Ennsyl· I No I PA I Un P Mil	Enter an 'X' if this inconvania Distribution type entry a school, state, or municited Mine Workers penditary pension	T S	Fed #	PA Gro	sylvania  122  127  127  127  127	a tax - F  2 I'm n  1 Trad  2 Trad  2 Non-	PA Part-Year a ot eligible yet; itional or Roth qualified defer	nd Nonreside plan is eligib IRA; I'm over IRA; I'm undered compens	ents Only.
* Ennsylvi Noi PAI Uni 2 Mil 3 U.S	Enter an 'X' if this inconvania Distribution type entry a school, state, or muniplied Mine Workers pen	T S	Fed #  Not	PA Gro	sylvania 122 J1 J2 K2	a tax - F  2 I'm n I Trad 2 Trad 2 Non- 3 Life i	PA Part-Year a ot eligible yet; itional or Roth itional or Roth	plan is eligibilRA; I'm over IRA; I'm undered compens	ents Only.  le in PA r 59.5 er 59.5 ation plan
* Ennsylvi Noi PAI Un 2 Mil B U.S I Ani (ind	Payer's Name  Payer's Name  Enter an 'X' if this inconvania Distribution type entry a school, state, or muniple of Mine Workers penditary pension S. Civil service retiremental service cluding Qual Joint Surviceluding Qual Joint Survice converse the service of t	T S	Fed #  Not  emp	PA Gro Type Distri	sylvania 122 J1 J2 K2 K3	a tax - F  2 I'm n  Trad  2 Trad  2 Non-  3 Life i  Distri	PA Part-Year a ot eligible yet; itional or Roth qualified defer nsurance or elibution from CP: Allocated E	plan is eligibilina; l'm over liRA; l'm undered compens andowment maritable Gift SOP Stock D	ents Only.  le in PA 59.5 er 59.5 ation plan  Annuities bividend
* E nnsyl No PA Un 2 Mil 3 U.3 I An (ind	Payer's Name  Payer's Name  Enter an 'X' if this inconvania Distribution type entry a school, state, or muniple of Mine Workers penditary pension  S. Civil service retirementally or Non-civil servicelly distribution from a result of the converse of the c	T S	Fed #  Not  emp	PA Gro Type Distri	sylvania  Sylvania  K2  J1  J2  K2  K3  M1	a tax - F  l Trad Non- Life i Distri ESO ESO	PA Part-Year a ot eligible yet; itional or Roth qualified defer nsurance or er ibution from C P: Allocated E P: Non-Allocate	plan is eligib IRA; I'm over IRA; I'm undored compens ndowment naritable Gift SOP Stock Ded ESOP Stock	ents Only.  le in PA 59.5 er 59.5 eation plan  Annuities bividend ock Dividend
* Ennsylvi Nooi PAI Un 2 Mil 3 U.3 I Ani (ind I Ea 2 Ro	Payer's Name  Payer's Name  Enter an 'X' if this inconvania Distribution type entry a school, state, or muniple of Mine Workers penditary pension S. Civil service retiremental service cluding Qual Joint Surviceluding Qual Joint Survice converse the service of t	T S	Fed #  Not  emp sabili hip / nent	subject to Penrologyee plan  lity/annuity ty Annuity) plan	sylvania 122 J1 J2 K2 K3	a tax - F  2 I'm n  1 Trad 2 Non- 3 Life i Distri ESO 2 ESO 3 KSO	PA Part-Year a ot eligible yet; itional or Roth qualified defer nsurance or elibution from CP: Allocated E	plan is eligible iRA; I'm over iRA; I'm under compensed compensed compensed compensed compensed ESOP Stock Ded ESOP Stock Ded ESOP Stock OP within a 4	ents Only.  le in PA 59.5 er 59.5 eation plan  Annuities bividend ock Dividend 401(k)

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or.		
ineligible retirement plans (see Tax Help FAQ's for more info) Distribution from Charitable Gift Annuities		
Compensation from Form 1099R (eligible retirement plans)		
Withholding		
		-

### **Total Gross Compensation**

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	34,200.	0.
Total Schedule NRH gross compensation to PA-40, line 12		
Withholding to Form PA-40 line 13	1,050.	

Total gross compensation to Form PA-40 line 1a	34,200.
--	---------

<sup>\*</sup> Enter an 'X' if this income is **Not** subject to Pennsylvania tax.