Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	ver's name	Social	security	y numbe	er
DHR	UVA KOTA	130)-79-	9634	
Spouse	o's name	Spous	e's soci	al secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year y	/ou ar	re autl	horizing.)
Enter	whole dollars only on lines 1 through 5.				
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	121,903.
2	Total tax			2	19,984.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	22,942.
4	Amount you want refunded to you			4	2,958.
5	Amount you owe			5	·
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a	copy	/ of yo	our return)

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

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
12.21	I ddunonzo		

9	9	6	3	4	
Ent don	er fiv i't er	ve di nter a	gits, all ze	but ros	as

my

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature D		ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1	8		2 nter a	 	9	8	9

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

ERO's signature 🕨		Date 🕨	
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. PAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		_m 202	2	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or staple	in this space.
Check only		Single Married filing jointly	_	filing separately (,			· · ·	spo	alifying sur use (QSS)	0
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	ur spouse. If you c	neck	ked the HOH or	QSS	box, enter t	he child's	s name if ti	ne qualifying
Your first name	and mi	iddle initial	Last name	9					Your so	ocial securi	ty number
DHRUVA			кота						130-	79-963	4
lf joint return, s	pouse's	s first name and middle initial	Last name	9					Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	S.			A	Apt. no.	1		on Campaign
-		CIRCLE NE			_					here if you,	or your htly, want \$3
	ost offi	ce. If you have a foreign address, also co	mplete spa	ces below.	Sta	ate	ZIP c			0,	Checking a
BLAINE							554	-	_	low will not	•
Foreign country	name		For	reign province/state/	coun	ty	Foreig	n postal code	your ta	x or refund	
Digital		ny time during 2022, did you: (a) rece									
Assets		ange, gift, or otherwise dispose of a	-	_		-	asset)	? (See insti	uctions.)	Yes	X No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur		Your spous 🗌 Your spous		·					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore January	,	🗌 ls b	
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) Check the	box if qual	ifies for (see	instructions):
If more	(1) F	irst name Last name		number		to you		Child tax	credit	Credit for ot	her dependents
than four dependents,											
see instructions	s ——										
and check here											
	10	Total amount from Form(a) M(0, b)		(actructions)					4		
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re		,					. 1a		33,703.
Attach Form(s)	c	Tip income not reported on line 1a					• •		. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep							. 10		
W-2G and	e	Taxable dependent care benefits f							. 10		
1099-R if tax was withheld.	f	Employer-provided adoption bene							. 11	F	
lf you did not	g	Wages from Form 8919, line 6							. 10	3	
get a Form	h	Other earned income (see instructi	ions) .						. 11	<u>ו</u>	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)		1 i					
	z	Add lines 1a through 1h							. 12	z 11	33,703.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest	: .		. 2k)	
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds .		. 3k	b	
	4a	IRA distributions	4a		bΤ	axable amoun	t		. 4t	>	
Standard	5a		5a			axable amoun			. 5k	>	
• Single or	6a	,	6a			axable amoun	t		. 6k	>	
Married filing separately,	С	If you elect to use the lump-sum e									
\$12,950	7	Capital gain or (loss). Attach Schee					• •				
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •		. 8		11,800.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		. 9		21,903.
\$25,900	10	Adjustments to income from Sche					• •		. 10		01 000
 Head of household, 	11	Subtract line 10 from line 9. This is					• •		. 11		<u>21,903.</u> 12,050
\$19,400	12	Standard deduction or itemized)E A	• •		. 12		12,950.
 If you checked any box under 	13 14	Qualified business income deducti Add lines 12 and 13					• •		. 13		10 050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer		 enter -0- This is v		taxable incom	 Ie		. 14		<u>12,950.</u> 08,953.
see instructions.			0 01 1000,		Jul				. 10	× '	

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

Form **1040** (2022)

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	19,984.
Credits	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	19,984.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	19,984.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	19,984.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	22,	942.		
	b	Form(s) 1099				25b			1	
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	22,942.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return .				26	
If you have a l 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, lin				31				
	32	Add lines 27, 28, 29, and 31				undable	credits		32	
	33	Add lines 25d, 26, and 32. 1	hese are your to	tal payments					33	22,942.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	2,958.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	2,958.
Direct deposit?	b	Routing number 1 0 1] Checki		avings		
See instructions.	d	Account number 5 1 8			2 0 0			-		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions				37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow anothe	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				[Yes. Cor	nplete b	elow.	🗙 No
		signee's		Phone			Persor numbe	al identifi	cation	
	nai			no.				. ,		
Sign		der penalties of perjury, I declare ief, they are true, correct, and con								
Here		ur signature		Date	Your occupation			1	· ·	nt you an Identity
	10	ar olghataro		Duto						IN, enter it here
Joint return?					SOFTWARE 1	ENGIN	EER	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.								(see i		ection PIN, enter it here
	Dh	(012)/(01-62)	0	Email address		OMA T	таом	(0000	,	
		one no. (913)401–638 parer's name	8 Preparer's signat		DHRUVA9990	Date	1	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						202082	207	Self-employed
Preparer		n's name GLOBAL TA		TAUAN JAGAR	OUFIA IAUDAM	103/3				678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			Firm's		,
Co to union inc		1040 for instructions and the late		TIONICI IN	D 08810	DEVICE	00/00 555	1.0003		84-3171965

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2 Attachment Sequence No. **01**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number DHRUVA KOTA 130-79-9634

	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,800.
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		
I.	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		
ο	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	-11,800.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	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)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
-	tax law violations	_	
j	Housing deduction from Form 2555	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 1 (Form 1040)) 2022

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

. . . 1040 1040 SB 1040 NB - 10/1

20 22
Attachment Sequence No. 13

Project Properties 01 3 600. 13 0.000. 14 3.000. 15 0.000. 16 0.000. 17 Meter loss from Rental Real Estate and Royalties Meter loss from Form 4835 on page 2, line 40. 0.000. 16 0.000. 17 Meter loss from Form 4835 on page 2, line 40. 18 0.000. 19 0.000. 10 vor make any payments in 2022 that would require you to file Form(s) 1099? See instructions. 10 Type of Property 10 Type of Property (stred, city, state, ZIP code) 10 Type of Property 10 S.R. Nagar 11 S.R. Nagar 12 For each rental real estate property listed personal use days. Check the QuV box only 12 S.R. Royalties 3 402.000. 12 S.R. Royalties received 3 13 Ger Property: 1 13 S.R. Royalties received 4 14 S.Q. 000. 1		ent of the Treasury Revenue Service	Attach to Form 1040, Go to www.irs.gov/ScheduleE for					nformation.		Attachm Sequend	ent ce No. 13
Income or Loss From Rental Real Estate and Royalties Meter Iroum are oloss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions. Yes No If "Yes," did you or will you file required Form(s) 1099? If Propical address of each property (street, city, state, ZIP code) A S.R. Nagar Yes No Yes No A S.R. Nagar HYDERABAD TELANGANA IN 500038 B C Days Personal Use Quv Quv A A S.R. Nagar HYDERABAD TELANGANA IN 500038 B C Days Quv Quv A A S.R. Nagar HYDERABAD TELANGANA IN 500038 B C Days Quv Quv A A B C Days Quv Quv A A B C Days Quv A Days Quv A Days Quv A Days	ame(s)	shown on return							Your soc		
Note: If you are in the business of renting personal property, use Schedule C. See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Fair Rental Personal Use 0, 199 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Fair Rental Personal Use 0, 1999 See	HRU	VA KOTA							130-7	79-9634	
Note: If you are in the business of renting personal property, use Schedule C. See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Fair Rental Personal Use 0, 199 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Image: Line 40, 1999 See instructions. Fair Rental Personal Use 0, 1999 See	Part	I Income or	Loss From Rental Real Estate an	d Ro	yalties				1		
If "Yes," did you or will you file required Form(s) 1099? Yes No a Physical address of each property (street, city, state, ZIP code) A S. R. Nagar HYDERABAD TELANGANA IN 500038 B		Note: If you a rental income	re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	ty, use	Schedule			-			
Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Fair Rental Personal Use Pays Pays Qu/V A 3 Image: Physical address of each property (street, city, state, ZIP code) A 36 C C Image: Physical address of each property (street, city, state, ZIP code) 5 C A 36 C Image: Physical address of each property (street, city, state, ZIP code) 5 C Properties Properties Image: Physical address of each property (street, city, state, ZIP code) 5 C S S C Image: Physical address of each property (street, city, state, ZIP code) 5 C S C S C Image: Physical address of each profesional fees 10											
A S.R.Nagar HYDERABAD TELANGANA IN 500038 B C	B If	"Yes," did you or	will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
B C C Ib Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and presonal use days. Check the QU box only if you meet the requirements to file as a qualified joint venture. See instructions. A 3 65 0 B	1a	Physical address	s of each property (street, city, state, ZIF	P cod	e)						
B C C Ib Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and presonal use days. Check the QU box only if you meet the requirements to file as a qualified joint venture. See instructions. A 3 65 0 B	Α	S.R.Nagar	HYDERABAD TELANGANA IN 5000)38							
b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV B	В										
(from list below) above, report the number of fair refrait and personal use days. Check the OJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Days Days Days Days A 3 if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0	С										
A 3 personal use days. Check the CuV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 0 B qualified joint venture. See instructions. A 365 0 0 Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Some: 3 Rents received 3 6 0 0 A B C 3 600. 4 A B C 3 600. 4 Some: 3 Rents received 3 600. 4 A Notatilise received 3 600. 4 8 C S Advand travel (see instructions) 6 7 1,500. 8 0 10 11 1,200. 12 13 10 11 1,200. 11 1,200. 13 3,000. 14 3,000. 15 2,700. 15 2,700. 16 11 1,200. 12 13 12 13 12 <td>1b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F</td> <td></td> <td></td> <td></td> <td>QJV</td>	1b						F				QJV
B if you meet the requirements to file as a qualified joint venture. See instructions. B DOU B C D D D D D D Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 D Some: A B C A B C some: A B C C A B C a Rents received A B C	•	, , ,				•		-		-	
D qualified joint venture. See instructions. D <thd< th=""> <thd< th=""> D D</thd<></thd<>		3	if you meet the requirements to f	ile as	a			365			
pee of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 5 Land 7 Self-Rental 3 Rents received 3 600. 9 4 Royatties received 4 9 5 Advertising 5 6 6 Auto and travel (see instructions) 6 7 7 Cleaning and maintenance 7 1,500. 8 Commissions 6 9 9 Insurance 9 9 11 1,200. 1 1 9 Mortgage interest paid to banks, etc. (see instructions) 11 1,200. 14 Repairs 13 14 3,000. 15 2,700. 15 2,700. 16 9 Other (list) 19 12 12 10 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198 12,400. 12 10 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198 23a 600. 10 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out			qualified joint venture. See instru	ictions	s.						
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) commer: A B C 3 Rents received 3 600. 4 4 Royalties received 4		f Proporty				U					
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) come: A B C 3 Rents received 3 600. 4 4 Royatties received 4 - - 5 Advertising 5 - - 5 Advertising 5 - - 6 Auto and travel (see instructions) 6 - - 7 Cleaning and maintenance 7 1,500. - - 9 Insurance 9 - - - - 10 Legal and other professional fees 10 -			dence 3 Vacation/Short-Term Ren	tal	5 Land		-	' Solf-Rontal			
A B C 3 Rents received 3 600. 4 4 Royalties received 4 5 6 5 5 Advertising 5 6 5 5 5 Advertising 5 6 5 5 6 Commissions 7 1,500. 6 5 7 Cleaning and maintenance 7 1,500. 6 5 9 10 11 1,200. 10 10 10 10 10 10 10 10 10 10 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 11 1				lai	0 _00				rihe)		
A B C 3 Rents received 3 600. 4 Royatties received 4	~ '				- O Hoya						
3 Rents received 3 600 4 Royaties received 4 4 penses: 5 4 4 5 Advertising 5 5 6 7 1,500 6 7 1,500 6 7 8 9 9 9 9 10 11 1,200 1 Management fees 10 11 1 Management fees 11 1,200 2 Mortgage interest paid to banks, etc. (see instructions) 12 14 3 Other interest 13 14 4 Repairs 16 17 7 1,2,400 12 12 1 Total expenses or depletion 18 19 9 12,400 12,400 12 1 Subtract line 20 from line 3 (rents) and/or 4 (royatites). If result is a (loss), see instructions 0 12 11,800 10 12,400 12 11,800 12 11,800 10 12,400 12 11,800								· · · ·	ies:		
4 Royalties received 4 9 Advertising 5 5 Advertising 5 6 7 1,500. 7 1,500. 7 9 9 9 1 1,500. 8 9 9 9 10 10 10 11 1,200. 11 1 Management fees 10 12 10 12 14 3 Other interest 13 14 3 0.00 15 2,700. 14 3,000. 15 2,700. 15 2,700. 16 17 14 3,000. 12 12 15 2,700. 18 19 20 12,400. 12 12 20 12,400. 12 11,800. 21 -11,800. 22 11,800. 22 11,800. 12 23 33 Total of all amounts reported on line 16 ror all royathy properties <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>В</td><td></td><td></td><td>С</td></td<>								В			С
penses: 5 Advertising	3					6	00.				
5 Advertising 5	4			4							
6 7 1,500. 7 1,500. 7 8 7 1,500. 9 9 9 1 kurance 9 10 1 kurance 10 11 1 Management fees 11 1,200. 1 Management fees 11 1,200. 1 Management fees 11 1,200. 1 Mortgage interest paid to banks, etc. (see instructions) 12 14 3 Other interest 13 14 4 Repairs 15 2,700. 5 Supplies 16 17 4 Utilities 17 4,000. 5 Depreciation expense or depletion 18 19 0 Other (list) 19 20 12,400. 1 Subtract line 20 from line 3 (rents) and/or 4 (royatlies). If result is a (loss), see instructions to find out if you must file Form 6198 11 1,800. 20 12,400. 23a 600. 23a 21 -11,800. 23a 600. 22 11,800 (((31 19 23a 600.<	•			-							
7 1,500. 8 9 9 9 1 1,200. 1 1,2,400.		-		-							
3 Commissions 8 9 4 Legal and other professional fees 10 5 Management fees 11 1,200. 6 11 1,200. 7 Mortgage interest paid to banks, etc. (see instructions) 14 3,000. 9 13 14 3,000. 1 1,200. 15 2,700. 6 7 14 3,000. 15 7 14 3,000. 16 16 7 14 0.00. 16 17 8 19 12.400. 12 12 10 12 12.400. 12 12.400. 12 10 12 12.400. 12 12.400. 12 12.400. 12 11 12.800. 12.400. 12 11.800. 12 12.400. 12 12.400. 12 11.800. 12 12.400. 12.400. 12 11.800. 12 12.400. 12 11.800. 12 11.800. 12 12.400. 12 12.400.	6			-		1 5	0.0				
9 9 10 11 1,200. 1 Management fees 11 1,200. 11 1,200. 2 Mortgage interest paid to banks, etc. (see instructions) 12 11 1,200. 12 3 Other interest 13 14 3,000. 15 2,700. 16 5 Supplies 17 4,000. 18 19 10 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 1,200. 11 11 1,200. 11 11 1,200. 11 11 1,200. 11				-		1,5	00.				
1 Legal and other professional fees 10 1 Management fees 11 1,200. 2 Mortgage interest paid to banks, etc. (see instructions) 11 1,200. 3 Other interest 13 14 4 Repairs 14 3,000. 5 Supplies 15 2,700. 6 Taxes 16 17 7 Utilities 17 4,000. 8 Depreciation expense or depletion 18 19 9 Other (list) 19 20 12,400. 10 11 1,800. 11 1,800. 9 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions to find out if you must file Form 6198 12 -11,800. 10 11 -11,800. 11 23a 600. 10 Total of all amounts reported on line 3 for all royatly properties 23a 600. 10 Total of all amounts reported on line 12 for all properties 23a 12,400. 11 Total of all amounts reported on line 20 for all properties 23a 12,400.				-						+	
1 Management fees 11 1,200. 2 Mortgage interest paid to banks, etc. (see instructions) 12 13 3 Other interest 14 3,000. 4 Repairs 14 3,000. 5 Supplies 15 2,700. 6 15 2,700. 7 Utilities 17 4,000. 8 9 Other (list) 19 9 Other (list) 19 20 10 12,400. 12 14 11 1,200. 16 17 9 Other (list) 19 20 12,400. 11 se (loss), see instructions to find out if you must file Form 6198 17 -11,800. 10 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 11 23a 600. 10 Total of all amounts reported on line 3 for all rental properties 23a 600. 10 Total of all amounts reported on line 12 for all properties 23d 12,400. 11 -11,800. 23a 12,400. 23a	9									+	
2 Mortgage interest paid to banks, etc. (see instructions) 3 Other interest 4 Repairs 5 Supplies 5 Supplies 6 Taxes 7 Utilities 7 Utilities 8 Depreciation expense or depletion 9 Other (list) 9 Other (list) 9 Total expenses. Add lines 5 through 19 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 1 Subtract line 20 from line 3 for all rental properties 2 (11,800.)(2 (11,800.)(9 Total of all amounts reported on line 4 for all royalty properties 1 Subtract line 20 from line 3 for all rental properties 2 (11,800.)(2 (11,800.)(10 (11,800.)(11 (11,800.)(12 (11,800.)(13 (11,800.)(23a 600. 23a 600. 23a (11,800.)(10 (11,800.)(11 (11,800.)(12 (11,800.)(13 (11,800.)(23a (11,800.)(23a (11,800.)(23a (11,800.)(23a (11,800.)(23a (11,800.)(10			-		1 0	00			+	
3 Other interest 13 4 Repairs 14 3,000. 5 Supplies 15 2,700. 6 Taxes 16 17 7 Utilities 17 4,000. 8 Depreciation expense or depletion 18 20 9 Other (list) 19 20 10 Total expenses. Add lines 5 through 19 19 20 12,400. 21 11 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 21 -11,800. 21 22 (11,800.)()(33 Total of all amounts reported on line 3 for all rental properties 23a 6 Total of all amounts reported on line 12 for all properties 23a 6 Total of all amounts reported on line 20 for all properties 23a 6 Total of all amounts reported on line 20 for all properties 23a 23a 12,400. 23a 4 Total of all amounts reported on line 12 for all properties 23a 23a 12,400	12					1,4	.00.			-	
4 Repairs 14 3,000 15 5 Supplies 15 2,700 16 6 Taxes 17 4,000 16 7 Utilities 17 4,000 18 9 Other (list) 19 20 12,400 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 20 12,400 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -11,800 3a Total of all amounts reported on line 3 for all rental properties 23a 600 b Total of all amounts reported on line 12 for all properties 23a 600 c Total of all amounts reported on line 12 for all properties 23a 600 b Total of all amounts reported on line 12 for all properties 23a 600 c Total of all amounts reported on line 12 for all properties 23d 23d c Total of all amounts reported on line 20 for all properties 23d 12,400 f Total of all amounts reported on line 20 for all properties 23d <td< td=""><td>13</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	13			-							
5 Supplies 15 2,700. 6 Taxes 16 17 7 Utilities 17 4,000. 8 Depreciation expense or depletion 18 17 9 Other (list) 18 20 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 12,400. 12 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 1 22 11,800. 3a Total of all amounts reported on line 3 for all rental properties 23a 600. b Total of all amounts reported on line 12 for all properties 23d 23c d Total of all amounts reported on line 20 for all properties 23a 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 23e 12,400. 4 Income. Add positive amounts shown on line 21 and rental real estate losses from line 22. Enter total losses here 24	4			-		3.0	00				
5 Taxes 6 Taxes 7 Utilities 7 Utilities 8 Depreciation expense or depletion 9 Other (list) 9 Other (list) 1 Total expenses. Add lines 5 through 19 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 2 11,800. 2 (11,800.))(3a Total of all amounts reported on line 3 for all rental properties c Total of all amounts reported on line 12 for all properties c Total of all amounts reported on line 18 for all properties c Total of all amounts reported on line 20 for all properties c Total of all amounts reported on line 12 for all properties c Total of all amounts reported on line 20 for all properties c Total of all amounts reported on line 21 no not include any losses c Total of all amounts shown on line 21. Do not include any losses c Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	15										
7 Utilities 17 4,000. 8 Depreciation expense or depletion 18 9 Other (list) 9 Total expenses. Add lines 5 through 19 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 2 11,800. 3a Total of all amounts reported on line 3 for all rental properties b Total of all amounts reported on line 12 for all properties c Total of all amounts reported on line 18 for all properties c Total of all amounts reported on line 20 for all properties c Total of all amounts reported on line 12 for all properties c Total of all amounts reported on line 20 for all properties c Total of all amounts reported on line 20 for all properties c Total of all amounts reported on line 21. Do not include any losses c 12,400. 23a 12,400.	16					_ / ·					
B Depreciation expense or depletion 18 9 Other (list) 19 10 Total expenses. Add lines 5 through 19 20 12,400. 11 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -11,800. 22 (11,800.)(())(())(())(())(())(())(())(())(())	17			-		4,0	00.				
9 Other (list) 19 10 10 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 12,400. 12,400. 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -11,800. 11,800. 3a Total of all amounts reported on line 3 for all rental properties 23a 600. 600. b Total of all amounts reported on line 12 for all properties 23c 23d 23d c Total of all amounts reported on line 20 for all properties 23a 600. b Total of all amounts reported on line 12 for all properties 23a 12,400. e Total of all amounts reported on line 20 for all properties 23a 12,400. f Total of all amounts reported on line 20 for all properties 23c 23d d Total of all amounts reported on line 21. Do not include any losses 23e 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 11,800.	18			18							
D Total expenses. Add lines 5 through 19 12,400. 1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 12,400. 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -11,800. 3a Total of all amounts reported on line 3 for all rental properties 23a 600. b Total of all amounts reported on line 12 for all properties 23c 23d c Total of all amounts reported on line 18 for all properties 23c 12,400. d Total of all amounts reported on line 20 for all properties 23c 23d e Total of all amounts reported on line 20 for all properties 23c 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 24 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (11,800.	19	Other (list)	·	19							
1 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 1 -11,800. 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -11,800. 2 (11,800.)()(3a Total of all amounts reported on line 3 for all rental properties 23a 600. b Total of all amounts reported on line 12 for all properties 23c 23d c Total of all amounts reported on line 18 for all properties 23d 12,400. e Total of all amounts reported on line 20 for all properties 23e 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 24 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (11,800.	20		Add lines 5 through 19	20		12,4	.00				
result is a (loss), see instructions to find out if you must file Form 6198	21	Subtract line 20 f	rom line 3 (rents) and/or 4 (royalties). If								
2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (11,800.)(())() 3a Total of all amounts reported on line 3 for all rental properties 23a 600. b Total of all amounts reported on line 4 for all royalty properties 23b 23c c Total of all amounts reported on line 12 for all properties 23c 23d d Total of all amounts reported on line 18 for all properties 23d 23d e Total of all amounts reported on line 20 for all properties 23d 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 24 24 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,800.											
on Form 8582 (see instructions) 22 (11,800.)()(3a Total of all amounts reported on line 3 for all rental properties 23a 600. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23c 23d d Total of all amounts reported on line 18 for all properties 23d 23d e Total of all amounts reported on line 20 for all properties 23d 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 24 24 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,800.				21		-11,8	800.				
3a Total of all amounts reported on line 3 for all rental properties 23a 600. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23c 23d d Total of all amounts reported on line 12 for all properties 23c 23d e Total of all amounts reported on line 18 for all properties 23d 23d e Total of all amounts reported on line 20 for all properties 23e 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses 24 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (11,800.	22			22	(11,80	00.)()(
b Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d 1 Income. Add positive amounts shown on line 21. Do not include any losses 2. 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (11,800.	3a		-						600.		
c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d 1 Income. Add positive amounts shown on line 21. Do not include any losses 22e 5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25	b						23b				
e Total of all amounts reported on line 20 for all properties 23e 12,400. 4 Income. Add positive amounts shown on line 21. Do not include any losses	с						23c				
Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25	d						23d				
5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (11,800.	е	Total of all amour	nts reported on line 20 for all properties				23e	12	2,400.		
	24	Income. Add po	sitive amounts shown on line 21. Do no	t inclu	ude any lo	sses			. 24		
Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	25	Losses. Add roya	Ity losses from line 21 and rental real estat	te loss	ses from lir	ne 22. E	Inter	total losses he	ere 25	(1	1,800.
	26	Total rental real	estate and royalty income or (loss).	Comb	oine lines 2	24 and	25.	Enter the resi	ult		

26

-11,800.

-11,800.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

8 H Form Department of the Treasury Internal Revenue Service

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

	Sequence No. 52
	ber of HSA beneficiary. HSAs, see instructions.
130 - 79 -	9634

Atto

2

Name(s)				HSA beneficiary.
DHRU		n spouses hav 130-79-		s, see instructions. 4
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Con	tracts, if re	equir	red.
Part	HSA Contributions and Deduction. See the instructions before completing this and both you and your spouse each have separate HSAs, complete a separate P			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during See instructions		Self	f-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	outions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 202 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,6 family coverage). All others , see the instructions for the amount to enter	300 for	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022 include any amount contributed to your spouse's Archer MSAs	22, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had coverage under an HDHP at any time during 2022, see the instructions for the amount to enter		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family counder an HDHP at any time during 2022, enter your additional contribution amount. See instruct	tions.	7	0.
8	Add lines 6 and 7	· · L	8	3,650.
9		.,063.		
10	Qualified HSA funding distributions 10			1 0 6 0
11	Add lines 9 and 10		11	1,063.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	2,587.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	line 13	13	0.
Part				SAs complete
i are	a separate Part II for each spouse.	we separe		ons, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	1	4a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any			
	contributions (and the earnings on those excess contributions) included on line 14a that			
	withdrawn by the due date of your return. See instructions	1	4b	
С	Subtract line 14b from line 14a		4c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, inclu amount in the total on Schedule 1 (Form 1040), Part I, line 8f	🗋	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 2 Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 1040), Part II, line 17c	2 (Form	7b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each h complete a separate Part III for each spouse.			
18	Last-month rule	/	18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 1040), Part II, line 17d		21	

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



Department of Taxation and Finance New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

	Taxpayer's name DHRUVA KOTA	Spouse's name (jointly filed return only)
--	--------------------------------	---

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Г	art A – Tax return mormation		
1	Federal adjusted gross income (from applicable line)	1.	121903.
2	Refund	2.	1018.
3	Amount you owe	3.	
	Financial institution routing number	4.	101100045
	Financial institution account number	5.	518006618920
6	Account type: X Personal checking Personal savings Business checking Business savir	nas	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03312023



Department of Taxation and Finance **Nonresident and Part-Year Resident**

Income Tax Return New York State • New York City • Yonkers • MCTMT

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning

and ending

REV 01/27/23 PRO

22

IT-203

For help completing your return, see the instructions, Form IT-203-I	o completing your return, see the instruc	ctions, Form IT-203-I.
--	---	------------------------

box): Image: Married filing separate return (enter both spouse' Social Security numbers above) Image: Mean of household (with qualifying person) Image: Im	Yo	ur first name ar	nd middle initial	Your last name (for a	joint re	e turn , enter spouse's nar	me on line bel	ow) `	our date of birth (mmddyyyy)	Y	our Social Security number
Mailing address (see instructions) (number and street or PO Box) Apartment number New York State county of residence 3780 112TH CIRCLE NE NR NR City, village, or post office State ZIP code Country BLAINE MN 55449 UNITED STATES NR Taxpayor's permanent home address (see instructions) (no. and street or numinoute) Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State Q Married filing joint return Decedent Taxpayor's date of death Spouse's date of death Married filing separate return Q Married filing separate return Q No City in port separate return Q S Qualifying surviving spous	DI	HRUVA		KOTA					08101994		130799634
3780 112TH CIRCLE NE NR City, village, or post office State ZIP code Country School district name Taxpayer's permanent home address (see instructions) (no. and street or num route) Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name Status ① Married filing joint return (metre both spouses Scale Security numbers above) Decedent Taxpayer's date of death Spouse's date of death (2) Enter the amount	Spouse's first name and middle initial Spouse's last name					ę	Spouse's date of birth (mmddyyyy) Spouse's Social Security n		pouse's Social Security number		
City, village, or post office State ZIP code Country School district name Taxpayer's permanent home address (see instructions) (no. and street or nual route) Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Taxpayer's date of death Spouse's date of death Spouse's date of death status (mark an contro contry center both spouse's Social Security numbers above) It Did you receive a homeowner tax rebate (1) Did you receive a homeowner tax rebate (2) Enter the amount 0 B Did you itemize your deductions on your 2022 Maried filing surviving spouse No Xin C Can you be claimed as a dependent on another taxpayer's federal retum? Yes No Xin									Apartment number		-
BLAINE MN 55449 UNITED STATES NR Taxpayer's permanent home address (see instructions) (no. and street or rural route) Apartment no. City, village, or post office School district code number State ZIP code Country Decedent Taxpayer's date of death Spouse's date of death A Filing ① X Single Taxpayer's date of death Spouse's date of death Spouse's date of death Married filing joint retum (enter both spouses' Social Security numbers above) ① Married filing separate retum (enter both spouses' Social Security numbers above) (1) Did you receive a homeowner tax rebate credit? (see instructions) (2) Enter the amount (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (2) Number of months you lived in NY City in 2022 (3) Number of months you lived in NY City in 2022 (4) New York State part-year residents<					State	ZIP code	Country				
Taxpayer's permanent home address (see instructions) inc. and siteet or rural route) Apartment no. City, village, or post office School district code number State ZIP code Country Decedent Taxpayer's date of death Spouse's date of death A Filing ① X isngle Taxpayer's date of death Spouse's date of death Spouse's date of death status ② Married filing joint returm (enter both spouses' Social Security numbers above) (1) Did you receive a homeowner tax rebate credit? (see instructions)							-	ер :	STATES	N	JR
A Filing status (mark an X in one box): ① X Single Decedent information ② Married filing joint return (enter both spouses' Social Security numbers above) ③ Married filing spinter terum (enter both spouses' Social Security numbers above) ① 1 Did you receive a homeowner tax rebate credit? (see instructions) Yes No ③ Married filing separate return (enter both spouses' Social Security numbers above) ③ Head of household (with qualifying person) ③ ③ Use of months you lived in NY City in 2022 … ④ ⑤ Qualifying surviving spouse ⑤ Qualifying surviving spouse ✓ ✓ F Enter your 2-character special condition code(s) if applicable ○ C Can you be claimed as a dependent on another taxpayer's federal return? Yes No ✓ D1 Did you have a financial account located in a foreign country? Yes No ✓ D1 Did you have a financial account located in a foreign country? Yes No ✓ 1 Lived in NYS … 2) Lived outside NYS; received nicome from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period	Ta	xpayer's perma		. ,.			-		City, village, or post off	ice	School district code number
 A Filing U X Single (mark an X in one box): (mark an X in one box): (and the productions on your 2022 federal income tax return? (bedration to match tax return? (context) Yes (Context) (Yes) (Yes)	Sta	ate ZIP c	ode Co	ountry					Decedent .	iyer's d	date of death Spouse's date of death
 B Did you itemize your deductions on your 2022 federal income tax return? C Can you be claimed as a dependent on another taxpayer's federal return? D1 Did you have a financial account located in a foreign country? Yes No No No I Lived outside NYS; received income from NYS sources during nonresident period Lived outside NYS; received no income from NYS sources during nonresident period H Did you or your spouse maintain 	Α	status (mark an X in one	2 Married (enter box) 3 Married (enter box) 4 Head of	th spouses' Social Se filing separate retu th spouses' Social Se f household (with c	rn curity nu qualifyir	umbers above)	_	(1 (2 E Ne (1) Did you receive a hon credit? <i>(see instructions</i>) Enter the amount ew York City part-yea) Number of months yo) Number of months yo	neowr ;) r resi ou live our sp	Aner tax rebate No OO
living quarters in NYS in 2022?Yes No (<i>if</i> Yes, <i>complete Form IT-203-B</i>)	С	federal inco Can you be taxpayer's f Did you hav	mize your deduct ome tax return? e claimed as a de ederal return? ve a financial acco	pendent on another	2 ner	Yes No I	× ×	CC Er or Oi 1) 2) 3) H Di liv	ter your 2-character s de(s) if applicable w York State part-ye atter the date you move out of NYS (mmddyyyy) the last day of the tay Lived in NYS Lived outside NYS; re NYS sources during n Lived outside NYS; re NYS sources during n d you or your spouse r ing quarters in NYS in	ar res d into year eceive conres eceive nonres anonres aceive nonres 2022	al condition

pendent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
If more than 6 dependents, mark	an X in the box.	1		

If more than 6 dependents, mark an X in the box.



Page 2 of 4 IT-203 (2022)

Enter your Social Security number

REV 01/27/23 PRO

	130799634				
Eo	deral income and adjustments		Federal amount		New York State amount
Fe	deral income and adjustments		Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc.	1	133703.00	1	72143.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-11800.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12. -11800.00	1			
		1			
	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14		14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16 Total federal adjustments to income	17	121903.00	17	72143.00
	Identify:	18	00	40	00
L	-	10	.00 121903.00	18 19	.00 72143.00
	Federal adjusted gross income (subtract line 18 from line 17) Recomputed federal adjusted gross income (see Line 19a worksheets)		121903.00	19 19a	72143.00
19a		19a	121903.00	194	72143.00
Nev	w York additions				
20	Interest income on state and local bonds and obligations				
20	(but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
	Other (Form IT-225, line 9)	22	.00	22	.00
	Add lines 19a through 22	23	121903.00	23	72143.00
Nev	v York subtractions				
24	Taxable refunds, credits, or offsets of state and				
	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the				
	federal government	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	121903.00	31	72143.00
32	Enter the amount from line 31, <i>Federal amount</i> column		>	32	121903.00





Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2022)	Page 3 of 4
DHRUVA KOTA	130799634	REV 01/27/23 PRO	

S	tandard deduction or itemized deduction		
33	B Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an X in the appropriate box: X Standard – or – \Box Itemized	33	8000.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	113903.00
	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
	New York taxable income (subtract line 35 from line 34)	36	113903.00
Т	x computation, credits, and other taxes		
		07	112002.00
	New York taxable income (from line 36)	37	113903.00
	New York State tax on line 37 amount	38	6735.00
	New York State household credit	39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	6735.00
	New York State child and dependent care credit	41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	6735.00
43	New York State earned income credit	43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	6735.00
45	Income New York State amount from line 31 Federal amount from line 31		Round result to 4 decimal places
-0	percentage 72143.00 ÷ 121903.00 =	45	0.5918
	/2115100	40	0.3910
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	3986.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	3986.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
	Total New York State taxes (add lines 48 and 49)	50	3986.00
_			
	ew York City and Yonkers taxes, credits, and surcharges, and MCTMT		
51	Part-year New York City resident tax (Form IT-360.1) 51	ļ	See instructions to compute
52	Part-year resident nonrefundable New York City		New York City and Yonkers
	child and dependent care credit		taxes, credits, and
52a	a Subtract line 52 from 51 52a .00	ļ	surcharges, and MCTMT.
52k	MCTMT net		
	earnings base 52b .00	1	
	: MCTMT		
	3 Yonkers nonresident earnings tax (Form Y-203) 53 .00	ļ	
54	Part-year Yonkers resident income tax surcharge	1	
	(Form IT-360.1)		1
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56	Sales or use tax (Do not leave blank.)	56	0.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
58		51	.00
50	and voluntary contributions (add lines 50, 55, 56, and 57)	58	3986.00





Page 4 of 4 IT-203 (2022)

Enter your Social Security number 130799634

REV 01/27/23 PRO

59 I	Enter amount from line 58					59	3986.00	
Pag	yments and refundable credits							
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00]	If applicable, complete	
	NYC school tax credit (rate reduction amount)	60a			.00		Form(s) IT-2 and/or IT-1099-R and submit them with your	
61		61			.00		return.	
62	Total New York State tax withheld	62			5004.00		Do not send federal	
	Total New York City tax withheld	63			.00		Form W-2 with your return.	
	Total Yonkers tax withheld	64			.00			
	Total estimated tax payments/amount paid with Form IT-370	65			.00		F004 and	
	Total payments and refundable credits (add lines 60 thro	ugh 6	5)			66	5004.00	
Yo	ur refund, amount you owe, and account information							
	Amount overpaid (if line 66 is more than line 59, subtract line					67	1018.00	
68	Amount of line 67 available for refund (subtract line 69 from	n line	67)			68	1018.00	
	TIP: Use this amount to check your refund status online.							
	Amount of line 68 that you want to deposit into a NYS 529 account		,		,		.00	
000	Total refund after NYS 529 account deposit (subtract line 68		,			68b	1018.00	
	Mark one refund choice: X savings account	o che <i>(fill in</i>	cking or <i>line 73</i>) - (or-	paper check		Refund? Direct deposit is the	
69	Amount of line 67 that you want applied to your 2023	(_			easiest, fastest way to get your refund.	
	estimated tax (see instructions)	69			.00		See instructions for payment	
70	Amount you owe (if line 66 is less than line 59, subtract line 66		,		•		options.	
	funds withdrawal, mark an $oldsymbol{X}$ in the box $igsqcup$ and fill in I						-	
- 4	or money order you must complete Form IT-201-V and	mail	it with your	returr	1	70	.00	
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	71			.00	1	See instructions for the	
72	Other penalties and interest				.00		proper assembly of your	
	Account information for direct deposit or electronic funds v		rawal.		.00]	return.	
	If the funds for your payment (or refund) would come from (ount ou	Itside the U.S.,	marl	د an X in this box	
		0	,	Г				
	73a Account type: X Personal checking - or -	sonal	savings - o	or-	Business ch	neckir	ng - or - Business savings	
	72b Bouting number 101100045 726				5	180	06618920	
	73b Routing number 101100045 73c	Acc	ount number	·		100	00010920	
74	Electronic funds withdrawal	Date			Amour	nt	.00	
			L					
	Third-party Print designee's name		Des	ianee's	phone number		Personal identification	
des	ignee? (see instr.)		()			number (PIN)	
Yes	No 🛛 Email:							
		YTPRI			▼ Taxpa	ver(s) must sign here ▼	
	see instructions) exactly arer's signature Preparer's printed name	cl. cod	e 0 9	Your	signature	J OI (
SÝ	AM PŘIYA RAM SAGAR GUP SÝAM PRIYA RAM							
Firm	's name (or yours, if self-employed) Preparer's PT OBAL TAXES LLC P02	1N or 5 0827			occupation FTWARE ENG	INE	ER	
Addr	ess Employer ider	ntificati	on number				pation <i>(if joint return)</i>	
24	5 ROONEY CT	1719 ate	105	Date			Daytime phone number	
	BRUNSWICK NJ 08816		12023				(913)401 6388	
Ema	^{il:} SYAM@GTAXFILE.COM			Emai	I: DHRUVA99	9@G	MAIL.COM	

See instructions for where to mail your return.







Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or senarate the W-2 Records below. File Form IT-2 as an entire hage with your return. See instructions on the back

W-2 Record 1		Employer's information yer's name							
		•			T.C.				
Box a Employee's Social Security numb for this W-2 Record	51	TWORLD TECH			ЪГС.				
		yer's address (number				a			
130799634		WALNUT STR	EE.I. 4	F.I.H F.I				0 1	
Box b Employer identification number (EII					State	ZIP code		Country	
822450870	DES	MOINES			IA	503	19		
Box 1 Wages, tips, other compensation	Box 12a /	Amount		Code	Bo	x 14a Amount			Description
61560.00			.00					.00	
Box 8 Allocated tips	Box 12b /	Amount		Code	Во	x 14b Amount			Description
.00			.00					.00	
Box 10 Dependent care benefits	Box 12c A	Amount		Code	Во	x 14c Amount			Description
.00			.00					.00	
Box 11 Nonqualified plans	Box 12d /	Amount		Code	Во	x 14d Amount			Description
.00			.00					.00	
Box 13 Statutory employee Reti	rement plan	Third-party si	ick pay						Corrected (W-2c)
		Box 16a NYS wages	s, tips, et	tc.	Box	17a NYS incon	ne tax withh	neld	L
NY State information: Box 15a NY State	NIY	3-		.00				.00	
INY State	··· ·	Box 16b Other state	wades		Box	17b Other state	income tax		
Other state information: Box 15b	MN			560.00				17.00	
other state			010	00.00			50.	1.00	
NYC and Yonkers Bo	x 18 Local w	ages, tips, etc.		Bo	19 Loca	al income tax w	ithheld		Box 20 Locality name
nformation (see instr.):			1.						_
Locality a		.00	1	ality a			.00	Locality a	
Locality b		.00	Loca	ality b			.00	Locality b	
Do not detach. W-2 Record 2	Emplo	Employer's informatic yer's name אַרַאַרָאָרָאָ			атат.	SEDVICE		-	
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record	Emplo er STA Emplo	yer's name NDARD & POO: yer's address (number	R'S F		CIAL	SERVICE			
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634	Emplo er STA Emplo 55	yer's name NDARD & POO	R'S F					Country	
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (EII	er STA Emplo 55 N) City	yer's name NDARD & POO yer's address (number WATER STREE'	R'S F		State	ZIP code	4.1	Country	
Do not detach. W-2 Record 2 Box a Employee's Social Security numbror this W-2 Record 130799634 Box b Employer identification number (Ell 263740348	Emplo er STA Emplo 55 N) City NEW	yer's name NDARD & POO yer's address (number WATER STREE YORK	R'S F				41	Country	
Do not detach. W-2 Record 2 Box a Employee's Social Security numbror this W-2 Record 130799634 Box b Employer identification number (Elf 263740348	er STA Emplo 55 N) City	yer's name NDARD & POO yer's address (number WATER STREE YORK	R'S F	code	State NY	ZIP code	41	Country	Description
Do not detach. W-2 Record 2 Box a Employee's Social Security numbror this W-2 Record 130799634 Box b Employer identification number (Elf 263740348	Emplo er STA Emplo 55 N) City NEW	yer's name NDARD & POO yer's address (number WATER STREE' YORK Amount	R'S F	<i>t)</i>	State NY	ZIP code		Country	Description NY PFL
Do not detach. W-2 Record 2 Box a Employee's Social Security numb or this W-2 Record 130799634 Box b Employer identification number (EII 263740348 Box 1 Wages, tips, other compensation 72143.00	Emplo er STA Emplo 55 N) City NEW	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount	R'S F and street T	code	State NY Bo	ZIP code			
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (EII 263740348 Box 1 Wages, tips, other compensation 72143.00	Emplo STA Emplo 55 N) City NEW Box 12a /	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount	R'S F and stree T 5.00	t) Code	State NY Bo	ZIP code 1004 x 14a Amount			NY PFL
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (Ell 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00	Emplo STA Emplo 55 N) City NEW Box 12a /	yer's name NDARD & POO yer's address (number WATER STREE' YORK Amount 1 Amount 312	R'S F and stree T 5.00	t) Code C C C C	State NY Bo Bo	ZIP code 1004 x 14a Amount		86.00	NY PFL
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (Ell 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00	Emplo STA Emplo 55 (ity NEW Box 12a / Box 12b /	yer's name NDARD & POO yer's address (number WATER STREE' YORK Amount 1 Amount 312	R ' S F and stree T 5.00 5.00	t) Code C Code D	State NY Bo Bo	ZIP code 1004 x 14a Amount x 14b Amount		86.00	NY PFL Description
Do not detach. W-2 Record 2 Box a Employee's Social Security numb or this W-2 Record 130799634 Box b Employer identification number (Elf 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Emplo STA Emplo 55 (ity NEW Box 12a / Box 12b /	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 11 Amount 312 Amount 106	R ' S F and stree T 5.00 5.00	t) Code C Code D Code	State NY Bo Bo	ZIP code 1004 x 14a Amount x 14b Amount		.00	NY PFL Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 130799634 Box b Employer identification number (Elf 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Emplo STA Emplo 55 City NEW Box 12a / Box 12b / Box 12c /	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 11 Amount 312 Amount 106	R'S F and stree I 5.00 5.00 3.00	t) Code C Code D Code W	State NY Bo Bo	ZIP code 1004 x 14a Amount x 14b Amount x 14c Amount		.00	NY PFL Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (EII 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 1 Wages, tips, other compensation 72143.00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Reti NY State information: Box 15a NY State	Emplo STA Emplo 55 City NEW Box 12a / Box 12b / Box 12c / Box 12c / City NEW Box 12d / City NEW Box 12d / City NEW Box 12d / City NEW Box 12d / City NEW	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 1 Amount 106 Amount	R ' S F and street I 5.00 5.00 3.00 4.00 k, tips, et 721 e wages,	t) Code C Code D Code W Code D D Code L 4 3 .00 tips, etc.	State NY Bo Bo Bo Box	ZIP code 1004 x 14a Amount x 14b Amount x 14c Amount	ne tax withh 500	.00 .00 .00 .00 .00 withheld	NY PFL Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (EII 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Reti NY State information: Box 15a NY State	Emplo STA Emplo 55 (ity NEW Box 12a / Box 12a / Box 12a / Box 12a / Box 12a /	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 1 Amount 106 Amount 312 X Third-party si Box 16a NYS wage:	R ' S F and street I 5.00 5.00 3.00 4.00 k, tips, et 721 e wages,	t) Code C Code D Code W Code D D D D D D Code L 4 3 .00	State NY Bo Bo Bo Box	ZIP code 1004 x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS incom	ne tax withh 500	.00 .00 .00 .00	NY PFL Description Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (Ell 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 13 Statutory employee Reti NY State information: Box 15a NY State Other state information: Box 15b other state	Emplo STA Emplo 55 City NEW Box 12a / Box 12a / Box 12a / Box 12d / Complete Box 12d / Complete Complete Box 12d / Complete Box	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 1 Amount 106 Amount 312 X Third-party si Box 16a NYS wage:	R ' S F and street I 5.00 5.00 3.00 4.00 k, tips, et 721 e wages,	t) Code C Code D Code W Code D D D D D D Code L 43.00 tips, etc. L 43.00	State NY Bo Bo Bo Box	ZIP code 1004 x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS incom	ne tax withh 500 income tax 47	.00 .00 .00 .00 .00 withheld	NY PFL Description Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (Ell 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 13 Statutory employee Reti NY State information: Box 15a NY State Other state information: Box 15b other state	Emplo STA Emplo 55 City NEW Box 12a / Box 12a / Box 12a / Box 12d / Complete Box 12d / Complete Complete Box 12d / Complete Box	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 106 Amount 106 Amount 313 X Third-party si Box 16a NYS wages Box 16b Other state	R ' S F and street T 5.00 5.00 3.00 4.00 k, tips, et 721 wages, 721	t) Code C Code D Code W Code D D D D D D Code L 43.00 tips, etc. L 43.00	State NY Bo Bo Bo Box	ZIP code 1004 x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS incon 17b Other state	ne tax withh 500 income tax 47	.00 .00 .00 .00 .00 withheld	NY PFL Description Description Description Corrected (W-2c) Box 20 Locality name
Do not detach. W-2 Record 2 Box a Employee's Social Security numb for this W-2 Record 130799634 Box b Employer identification number (EII 263740348 Box 1 Wages, tips, other compensation 72143.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Reti NY State information: Box 15a NY State information: Box 15b other state information: Box 15b	Emplo STA Emplo 55 City NEW Box 12a / Box 12a / Box 12a / Box 12d / Complete Box 12d / Complete Complete Box 12d / Complete Box	yer's name NDARD & POO: yer's address (number WATER STREE' YORK Amount 106 Amount 106 Amount 313 X Third-party si Box 16a NYS wage: Box 16b Other state ages, tips, etc.	R ' S F and street T 5.00 5.00 3.00 4.00 ck pay s, tips, et 721 e wages, 721	t) Code C Code D Code W Code D D D D D D Code L 43.00 tips, etc. L 43.00 Boy	State NY Bo Bo Bo Box	ZIP code 1004 x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS incon 17b Other state	ne tax with 5 0 (income tax 4 7	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	NY PFL Description Description Corrected (W-2c) Box 20 Locality name





REV 01/27/23 PRO

-2

DEPARTMENT OF REVENUE

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



7181

DHRUVA	KOTA	130799634	08101994
Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Numb	er Spouse's Date of Birth
3780 112TH CIRCLE N. Current Home Address	E	Check if Address is:	New Foreign
BLAINE City		<u>MN</u> State	55449 ZIP Code
2022 Federal Filing Status (p	lace an X in one box):		
(1) Single (2) Married Filing Join	ntly (3) Married Filing Separately Spouse Name	(4) Head of Househo	old (5) Qualifying Widow(er)
Dependents (see instruction	Spouse SSN		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
Your Code Spouse's Code Rep From Your Federal Return (set) Return (set)	publican	armer-Labor 12 Grassroots/Legalize Cannabis	. 16 General Campaign Fund 99
133703 A. Wages, salaries, tips, etc. B.	0 . IRA, pensions, and annuities	C. Unemployment D. F	108953 Federal taxable income
		nd 1040-SR)	. 1■121903 2■
3 Add lines 1 and 2			3 <u>121903</u>
4 Itemized deductions (from Sci	hedule M1SA) or your standard deduc	tion (see instructions)	4 12900
5 Exemptions (determine from in	nstructions)		5
6 State income tax refund from	line 1 of federal Schedule 1		6
7 Subtractions from line 32 of So	chedule M1M and line 21 of Schedule	M1MB (see instructions)	7
			812900
9 Minnesota taxable income. Su	ubtract line 8 from line 3. If zero or les	s, leave blank.	9 109003



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳 🔄	
				7181
12 13	Add lines 10 and 11 Full-year residents: Enter the amount from line 12 on line 13		.12 _	, 101
15	Part-year residents and nonresidents: From Schedule M1NR, e			
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13 —	7181
	0	0		
		_		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳	
				D101
15	Tax before credits. Add lines 13 and 14		15 _	7181
16	Amount from line 19 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16	3986
10				
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17 _	3195
18	Nongame Wildlife Fund contribution <i>(see instructions)</i>		40 -	
	This will reduce your refund or increase the amount you owe		18 🔳	
19	Add lines 17 and 18		19 _	3195
20	Minnesota income tax withheld. Complete and enclose Sched			
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	Schedules KPI, KS, and KF	20 🗖	4319
21	Minnesota estimated tax and extension payments made for 2	2022	21	
21	winnesota estimated tax and extension payments made for 2		21 - _	
22	Amount from line 12 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🔳	
23	Total payments. Add lines 20 through 22		23	4319
24	REFUND . If line 23 is more than line 19, subtract line 19 from			
	For direct deposit, complete line 25		24 🗖	1124
25	Direct deposit of your refund (you must use an account not a	associated with a foreign bank):		
	Checking Savings 10110004	5 518006618920		
	Routing Number	Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l	. ,	26 🗖	
27	Penalty amount from Schedule M15 (see instructions). Also su		27	
IF V	this amount from line 24 or add it to line 26 <i>(enclose Schedule</i> DU PAY ESTIMATED TAX and want part of your refund credited		2/ 🔳	
	Amount from line 24 you want sent to you		28	
	· ·			
	Amount from line 24 you want applied to your 2023 estimate		29 📃	
Тахр	ayer(s): I declare that this return is correct and complete to the	e best of my knowledge and belief.		
	Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
	34016388	DHRUVA999@GMAIL.COM Email Address		
	AM PRIYA RAM SAGAR GUPTA TALLAM	03312023	P02	082703
	Preparer's Signature	Date (MM/DD/YYYY)		or VITA/TCE # (required)
	39659522 rer's Daytime Phone	syam@gtaxfile.com Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	to discuss this	s tax return	
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indic		
-	Mail to: Minnesota Individual Income Tax, Mail Station 0010		-	
	REV 03/25/23 PRO	1031		

DEPARTMENT OF REVENUE 2022 Schedule M1C, Nonrefundable Credits



Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

DHF	UVA	КОТА	130799634
Your I	irst Name and Initial	Your Last Name	Your Social Security Number
1	Marriage Credit for joint return when bot		
	or taxable retirement income (enclose Scr	hedule M1MA)	1
2	Credit for long-term care insurance premi	iums paid (enclose Schedule M1LTI)	2 🔲
3	Credit for taxes paid to another state (end	close Schedule(s) M1CR and M1RCR)	3∎3986
4	Credit for Past Military Service (see instru	ictions)	4
5	Employer Transit Pass Credit (enclose Sch	edule ETP)	5 🔳
6	SEED Capital Investment Credit (see instru	uctions; enclose certification)	6 🔳
7	Education Savings Account Contribution C	Credit (enclose Schedule M1529)	7
8	Credit for Attaining Master's Degree in Te	acher's Licensure Field (enclose Schedule M1CMD)	8 🔳
9	Student Loan Credit (enclose Schedule M	1SLC)	9∎
10	Beginning Farmer Management Credit		10
		rtificate you received from the Rural Finance Authority:	
	BF 22		
11	Film Production Credit		11
	Enter the credit certificate number: TAXC		
12	Tax Credit for Owners of Agricultural Asse	ets	12
	Enter the certificate number from the cer	rtificate you received from the Rural Finance Authority:	
	AO 22		
	AO 22		
	AO 22		
13	Credit for increasing research activities (e	nclose Schedule KPI, KS, or KF)	13
14	Carryforward of prior year Beginning Farr	ner Management Credits (<i>see instructions</i>)	14
14	BF		14
	BF -		
15	···	icultural Assets Credits (see instructions)	15
12	AO		13
	AO		
16		easing Research Activities	16
10	List the years the credits were reported to	-	
17	Alternative Minimum Tax Credit (enclose	Schedule M1MTC)	17 🗖
18	This line intentionally left blank		18 🗖
10	Add lines 1 through 10. Extended have a	nd on line 16 of Form M1	3986
19	Add lines 1 through 18. Enter total here a	nd on line 16 of Form M1	13
Yo	u must include this schedule with	your Form M1.	
	Rev. 1/23 REV 03/25/23 PRO	1031	

DEPARTMENT OF REVENUE



2022 Schedule M1CR, Credit for Income Tax Paid to Another State

DHRUVA KOTA		130799634
Your First Name and Initial	Last Name	Social Security Number
New York		

State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

Schee To be • Yo • Yo	nust complete a separate Schedule M1CR for each state or province to which you paid taxes. To report tax p dule M1RCR, <i>Credit for Tax Paid to Wisconsin</i> . eligible for this credit, all of these must apply: u were a full- or part-year Minnesota resident in 2022 u paid 2022 state income tax to both Minnesota and another state or Canadian province on the same income u were a Minnesota resident when both states taxed the same income	oaid t	o Wisconsin, use
			and amounts to the arest whole dollar.
-	Year Residents and Part-Year Residents		
	Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state <i>(see instructions)</i>	1	72143
	bonds of another state (determine from instructions).	_	121903
	Part-year residents: See instructions	2	121903
	five decimal places; if line 1 is more than line 2, enter 1.00000)	3	0.59181
4	Complete the lines below to determine your Minnesota tax after credits. a Tax from line 13 of Form M1		
	b Add lines 1-2 and 4-9 of Schedule M1C		
	Subtract line 4b from line 4a. If the result is zero or less, STOP HERE . You do not qualify for this credit	4	7181
5	Multiply line 4 by line 3	5	4250
6	From the other state's income tax return, enter the tax amount before		
	you subtract any tax withheld or estimated tax payments <i>(see instructions)</i> .		3986
	If you paid taxes to a Canadian province or territory, see instructions	6	
	Year Residents		2005
7	Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C	7	3986
Part	-Year Residents		
8	From the other state's income tax return, enter the amount of income		
	taxed by that state before subtracting itemized or standard deductions	8	
9	Divide line 1 by line 8. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 8, enter 1.00000)	9	
10	Multiply line 6 by line 9 1	0	
11	Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C	1	
Vou	muct include this schedule with your Form M1		

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

2

3

4



2022 Schedule M1W, Minnesota Income Tax Withheld

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

DHRUVA	КОТА	130799634
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
 spouse, enter 2 	mark an X below.			
a1 <u>1</u>	b1	c1 MN5216216	d161560	e13847
a2 <u>1</u>	_{b2} ×	c2 MN9828459	d272143	e2472
a3	b3	c3 MN	d3	e3
a4	b4	c4 MN	d4	e4
a5	b5	c5 MN	d5	e5
Subtotal for addition	nal Forms W-2 (fron	n line 5 on page 2)		
Total Minnesota ta	withheld on all Fo	rms W-2 (add amounts in line 1, co	lumn E)	1 4319
Minnesota tax with	held on Forms 1099	, W-2G, and 1042-S. If you have mo	re than four forms, complete line	6 on the back.
А		В	с	D
If the Form 1099, W-2G	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1		Number (if unknown, contact the pay	ver) the back for amounts to include)	(round to nearest whole dollar
• spouse, enter 2				
a1		b1 MN	c1	d1
a2		62 MN	c2	d2
a3		ьз MN	c3	d3
a4		b4 MN	c4	d4
Subtotal for addition	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
Total Minnesota ta	withheld on all 10	99, W-2G, and 1042-S (add amount	ts in line 2, column D)	2
Total Minnesota tax	withheld by partn	erships, S corporations, and fiducia	aries	
(from line 7 on page	2)			3
		on lines 1, 2, and 3. orm M1		4319
		Include this schedule wit		
		If required, include Schedu	les KPI, KS, and KF.	
REV 03/2	5/23 PRO	1031	1	r