| 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.

Submission Identification Number (SID)

| Taxpay | er's name | | Soci | al secur | ity numb | ber |
|--------|--|-------|------|----------|-----------|--------------|
| ARU | N KUMAR SIRAPARAPU | | 70 | 08-21 | -631 | 4 |
| Spouse | 's name | | Spor | use's so | cial secu | urity number |
| | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 (| Enter | yea | r you a | are au | thorizing.) |
| 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 | 120,970. |
| 2 | Total tax | | | | 2 | 19,544. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | 22,104. |
| 4 | Amount you want refunded to you | | | | 4 | 2,560. |
| 5 | Amount you owe | | | | 5 | |

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

| | | | | EBO firm name | | Er |
|---|-------------|--------|-------|---------------|-----------------------------|-----|
| × | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | _ |
| | | | | | | 1 1 |

| 1 | 6 | 3 | 1 | 4 | 00 mV |
|------------|-------|---|---|---|-------|
| Ent don | as my | | | | |

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 |
|----|-------|----|----------|----|-----|

Enter five digits, but don't enter all zeros

as mv

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 signa | ature 🕨 🛛 Da | ate 🕨 | • | | | | | | |
|----------------|---|-------|----|--|--|-------------|-------|---|---|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | |
| Part III Ce | ertification and Authentication – Practitioner PIN Method Only | | | | | | | | |
| ERO's EFIN/P | IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | | | 6 all ze | 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 ► | |
|--|--|--------------------------|
| | ust Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So | |
| For Denemicarly Deduction Act Nation and vous to | | Earm 8879 (Bay, 01 2021) |

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

5 **1040-X**

Carryback Claim

Department of the Treasury-Internal Revenue Service Amended U.S. Individual Income Tax Return

Use this revision to amend 2019 or later tax returns

OMB No. 1545-0074

| Co to ununu ire | aov/Eorm1040V | for instructions | and the latest infor |
|-----------------|---------------|------------------|----------------------|

(Rev. July 2021) w.irs.gov/Form1040X for instructions and the latest information. This return is for calendar year (enter year) 2022 or fiscal year (enter month and year ended) Your first name and middle initial Your social security number Last name ARUN KUMAR SIRAPARAPU 708-21-6314 If joint return, spouse's first name and middle initial Last name Spouse's social security number Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number 237 LUCY CT (609)786-0659 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. SOUTH PLAINFIELD NJ 07080 Foreign country name Foreign province/state/county Foreign postal code Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date. Qualifying widow(er) (QW) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent > A. Original amount B. Net change-Enter on lines 1 through 23, columns A through C, the amounts for the return C. Correct reported or as amount of increase year entered above. previously adjusted or (decrease)amount Use Part III on page 2 to explain any changes. (see instructions) explain in Part III **Income and Deductions** 1 Adjusted gross income. If a net operating loss (NOL) carryback is 1 114,202. 6,768. × 120,970. 2 Itemized deductions or standard deduction 2 12,950. 0. 12,950. 3 Subtract line 2 from line 1 3 101,252. 6,768. 108,020. 4a Reserved for future use . . 4a b Qualified business income deduction . 4b 0. 0. 5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, 5 101,252. 6,768. 108,020. Tax Liability 6 Tax. Enter method(s) used to figure tax (see instructions): 6 18,136. 1,408. QDCGTW 19,544. 7 Nonrefundable credits. If a general business credit carryback is 7 0 0 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-8 18,136. 1,408. 19,544. 9 Reserved for future use 9 10 Other taxes 10 0. 0. 0. 11 Total tax. Add lines 8 and 10 11 18,136. 1,408. 19,544. **Payments** Federal income tax withheld and excess social security and tier 1 RRTA 12 12 22,104. 0. 22,104. 13 Estimated tax payments, including amount applied from prior year's return 13 0. 0. 14 14 0. 0. 15 Refundable credits from: Schedule 8812 Form(s) 2439 4136 8885 8962 or other (specify): 8863 15 0. 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 0. Total payments. Add lines 12 through 15, column C, and line 16 17 17 22,104. **Refund or Amount You Owe** 18 3,968. 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17. (If less than zero, see instructions.) 19 18,136. 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . 20 1,408. 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return 21 22 22 0. 23 Amount of line 21 you want **applied to your (enter year):** estimated tax 23

Complete and sign this form on page 2.

| Part | Dependents | | | | |
|--------|--|--|--|----------------------|--|
| This w | lete this part to change any information relating to your dependents. ould include a change in the number of dependents. the information for the return year entered at the top of page 1. | A. Original number of dependents reported or as previously adjusted | B. Net change – amount of increase or (decrease) | C. Correct number | |
| 24 | Reserved for future use | 24 | | | |
| 25 | Your dependent children who lived with you | 25 | 0 | 0 | |
| 26 | Your dependent children who didn't live with you due to divorce or | | | | |
| | separation | 26 | 0 | 0 | |
| 27 | Other dependents | 27 | 0 | 0 | |
| 28 | Reserved for future use | 28 | | | |
| 29 | Reserved for future use | 29 | | | |
| 30 | List ALL dependents (children and others) claimed on this amended return | า. | | | |

| Dependents | Dependents (see instructions): | | | | (d) ✓ if qualifies for (see instructions): | | | |
|----------------------|--------------------------------|-----------|--------------------------------------|------------------------------------|--|-----------------------------|--|--|
| If more than four | (a) First name | Last name | (b) Social security number | (c) Relationship to you | Child tax credit | Credit for other dependents | | |
| dependents, | | | | | | | | |
| see instructions | | | | | | | | |
| and check | | | | | | | | |
| here 🕨 🗌 | | | | | | | | |

Presidential Election Campaign Fund (for the return year entered at the top of page 1) Part II

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

I ARUN KUMAR SIRAPARAPU FILED FORM 1040 FOR THE TAX YEAR-2022,

I MISSED TO INCLUDE MY STOCKS DOCUMENTS

NOW THROUGH THIS AMMENDMENT IM INCLUDING MY STOCK DOCUMENTS

AND REQUESTING THE IRS TO ACCEPT THE CHANGES

| | Remember to keep a copy of this Under penalties of perjury, I declare that I have and statements, and to the best of my knowled taxpayer) is based on all information about wh | filed an original return, and that I had an original return, and that I had a second second second second second | is true, correct, | | | |
|----------------------|--|--|-------------------|--------------------|------------------------|-------------------|
| Sign Here | Your signature | | Date | Yo | ur occupation | EMS ADMINIST |
| | Spouse's signature. If a joint return, bot | 5 | Date | | ouse's occupation | |
| Paid Bronoror | Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUE | TA TALLAM | Date 03/07/2023 | Check if self-employed | PTIN P02082703 |
| Preparer Use Only | Firm's name GLOBAL TAXES I | Firm's EIN ► 84-3171965 | | | | |
| | Firm's address ► 245 ROONEY CT | Phone no. (678)965-9522 | | | | |

For forms and publications, visit www.irs.gov/Forms.

REV 02/24/23 PRO

Form **1040-X** (Rev. 7-2021)

| E 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn 202 | 22 | OMB No. 1545 | -0074 | IRS Use | Only | —Do not v | vrite or staple | in this space. |
|--|---------|--|------------|---|----------|--------------------------|----------|---------|------|--------------|---|-------------------|
| Filing Status Check only one box. | lf yo | Single Arried filing jointly sources by the MFS box, enter the name of the MFS box, enter the name of the sources and the but not your dependent but not your de | ame of y | ed filing separatel vour spouse. If yo | , | | | | , | spo | alifying sun use (QSS) s name if th | 0 |
| Your first name | | , , | Last na | me | | | | | | Your so | cial securi | tv number |
| ARUN KUM | | | | PARAPU | | | | | | | 21-631 | - |
| - | | s first name and middle initial | Last na | | | | | | | | | curity number |
| j , - , | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Ap | t. no. | | Preside | ential Election | on Campaign |
| 237 LUCY | | | | | | | · | | | | here if you, | |
| - | | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP cod | le | | | | ntly, want \$3 |
| SOUTH PI | AIN | FIELD | | | NJ | г | 0708 | 0 | | 0 | o this fund. Iow will not | Checking a |
| Foreign country | | | F | oreign province/sta | - | | Foreign | | ode | | x or refund. | 0 |
| , | | | | 0 1 | | | | | | | You | Spouse |
| Digital Assets | | ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a | | | | | | | | | ☐ Yes | X No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | Your spo | ouse as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-stat | us alien | | | | | | | |
| Ago/Blindnoss | Vou | : Were born before January 2, 1 | 058 [| Are blind | Spouse | : 🗌 Was bo | rn hofor | | 2010 | 1059 | 🗌 ls bl | lind |
| | - | | 900 L | 1 | | | | | - | | | instructions): |
| Dependents | | instructions): irst name Last name | | (2) Social secundaria (2) Notice | urity | (3) Relationsh to you | יידי קוו | Child t | | • | i , | her dependents |
| lf more than four | (1) - | Institianie Lastitianie | | | | , | | | | euit | Credit for ot | |
| dependents, | | | | | | | | ا ا | ╡ | | | |
| see instructions | s —— | | | | | | | ا ا | ╡ | | | |
| and check here | | | | | | | | ا ا | ╡ | | | |
| - | 10 | Total amount from Form(a) W(2, b) | ov 1 (oo | instructions) | | | | l | | 10 | | |
| Income | 1a ⊾ | Total amount from Form(s) W-2, by | | | | | | • • | • | . 1a . 1b | | 26,252. |
| Attach Form(s) | b | Household employee wages not re | | ., | | | | • • | • | 10 | | |
| W-2 here. Also | c d | Tip income not reported on line 1a Medicaid waiver payments not rep | | | | | • • | • • | • | 10 | | |
| attach Forms W-2G and | e | Taxable dependent care benefits f | | | | | • • | • • | • | . 16 | | |
| 1099-R if tax | f | Employer-provided adoption bene | | - | | | • • | • • | • | . 11 | | |
| was withheld. | g | Wages from Form 8919, line 6 . | | | | | • • | • • | • | . 1ç | | |
| lf you did not get a Form | 9 h | Other earned income (see instruct | | | | | • • | • • | • | . <u>''</u> | | 0. |
| W-2, see | i | Nontaxable combat pay election (s | , | | | 1 | | • • | • | | | |
| instructions. | z | Add lines 1a through 1h | | | | · · · <u>· ·</u> | | | | . 1z | , 1: | 26,252. |
| Attach Sch. B | 2a | | 2a | | | axable interes | | | | 21 | | |
| if required. | 3a | • | 3a | 1,558. | | rdinary divide | | | | . 3t | | 1,560. |
| | 4a | | 4a | | | axable amoun | | | | 41 | | |
| Standard | 5a | | 5a | | | axable amoun | | | | . 5t | | |
| Deduction for – | 6a | | 6a | | | axable amoun | | | | . 6t | | |
| Single or Married filing | с | If you elect to use the lump-sum e | lection r | nethod, check he | ere (see | instructions) | | | . [| | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | | | • | , | | | . E | 7 | | 5,205. |
| Married filing | 8 | Other income from Schedule 1, lin | | · · · · · · | | | | | | . 8 | | 12,047. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . 9 | | 20,970. |
| surviving spouse, | 10 | Adjustments to income from Sche | | | | | | | | . 10 | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | | . 11 | | 20,970. |
| household, \$19,400 | 12 | Standard deduction or itemized | | | | | | | | . 12 | | 12,950. |
| If you checked | 13 | Qualified business income deduct | | | , | 5-A | | | | . 13 | | |
| any box under Standard | 14 | | | | | | | | | . 14 | | 12,950. |
| Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | ne. | | | . 15 | | 08,020. |
| see instructions. | | | | | - | | | | | | | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|--------------------------------------|-----------|---|---------------------------|---------------------|------------------|-----------------|-----------|-------------------------|---------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | | 16 | 19,544. |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 19,544. |
| | 19 | Child tax credit or credit for | other dependen | 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 | 3. If zero or less, | enter -0 | | | | | 22 | 19,544. |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 . | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 19,544. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 22 | ,104. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 22,104. |
| If you have a | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 | 21 return | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | m Schedule 8812 | 2 | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undable | e credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. 1 | hese are your to | tal payments | | | | | 33 | 22,104. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you c | overpaid | | 34 | 2,560. |
| neruna | 35a | Amount of line 34 you want | | | is attached, che | ck here | | | 35a | 2,560. |
| Direct deposit? | b | Routing number 0 2 1 2 0 3 3 9 c Type: X Checking Savings | | | | | | | | |
| See instructions. | d | Account number 3 8 1 | 0 4 9 5 | 0 8 8 7 | 7 1 | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | edtax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | 4. This is the amo | ount you 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 another | r person to disc | cuss this retu | rn with the IRS? | See | | | | _ |
| Designee | ins | tructions | | | | l | Yes. Co | • | | X No |
| | De nai | signee's | | Phone no. | | | | nal identif er (PIN) | ication | |
| 0: | | der penalties of perjury, I declare | that I have exemine | | | | | . , | the bee | |
| Sign | | ief, they are true, correct, and con | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the | IRS ser | nt you an Identity |
| | | · | | | | | | | | IN, enter it here |
| Joint return? | | | | | COMPUTER SY | | ADMINIS | | , | |
| 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 action PIN, enter it here |
| your records. | | | | | | | | (see i | | |
| | Ph | one no. (609)786-065 | 9 | Email address | Sarun.itia | an@am | ail.com | n – 1 | | |
| | | eparer's name | Preparer's signat | | | Date | | PTIN | | Check if: |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/0 | 7/2023 | P02082 | 2703 | Self-employed |
| Preparer | | m's name GLOBAL TA | | | | , | | | | 678)965-9522 |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | | Firm' | | 84-3171965 |
| Go to www.irc.c | ov/Eor | a1040 for instructions and the late | | | DAA | | | | | Earm 1040 (2022 |

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

| SCHE | DULE | 1 |
|-------|-------|---|
| (Form | 1040) | |

Department of the Treasury

Internal Revenue Service

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

2022 Attachment Sequence No. 01

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security number |
|---|-----------------------------|
| ARUN KUMAR SIRAPARAPU | 708-21-6314 |
| | |

| Par | t Additional Income | | | | |
|-----|--|-----------|----|----|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | | | 5 | -12,050. |
| 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) | <u>8m</u> | | - | |
| n | Section 951(a) inclusion (see instructions) | <u>8n</u> | | - | |
| 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 | 0- | 1 | | |
| | , | <u>8s</u> | | 4 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| | Wages earned while incarcerated | 8u | | - | |
| | | Ju | | | |
| 2 | Calentitude Desmant from 1000 Ming | 8z | 3. | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | 3. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | | | 10 | -12,047. |
| | perwork Reduction Act Notice, see your tax return instructions. | , | | | le 1 (Form 1040) 2022 |

| | Educator expenses | | | | | |
|-----------------|---|-------|------------|---------|-----|----------------------|
| 2 | | | | | 11 | |
| | Certain business expenses of reservists, performing artists, and fee | -basi | is qov | ernment | | |
| | officials. Attach Form 2106 | | | | 12 | |
| | Health savings account deduction. Attach Form 8889 | | | | 13 | |
| 4 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | 14 | |
| | Deductible part of self-employment tax. Attach Schedule SE | | | | 15 | |
| | Self-employed SEP, SIMPLE, and qualified plans | | | | 16 | |
| | Self-employed health insurance deduction | | | | 17 | |
| | Penalty on early withdrawal of savings | | | | 18 | |
| | Alimony paid | | | | 19a | |
| | Recipient's SSN | | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | | |
| | IRA deduction | | | | 20 | |
| | Student loan interest deduction | | | | 21 | |
| | Reserved for future use | | | | 22 | |
| | Archer MSA deduction | | | | 23 | |
| | Other adjustments: | | | | | |
| | Jury duty pay (see instructions) | 24a | | | | |
| | Deductible expenses related to income reported on line 8l from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| | Reforestation amortization and expenses | 24d | | | | |
| | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| | Attorney fees and court costs for actions involving certain unlawful | - 19 | | | - | |
| | discrimination claims (see instructions) | 24h | | | | |
| | 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 | 24i | | | | |
| | Housing deduction from Form 2555 | 24j | | | | |
| | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | | 24k | | | | |
| | Other adjustments. List type and amount: | 2-11 | | | - | |
| - | | 24z | | | | |
| 25 [±] | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| | Add lines 11 through 23 and 25. These are your adjustments to income | | | | 20 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | | 02/24/23 F | | | le 1 (Form 1040) 202 |

| SCHEDULE | В |
|-------------|---|
| (Form 1040) | |

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

Go to *www.irs.gov/ScheduleB* for instructions and the latest information. Attach to Form 1040 or 1040-SR. OMB No. 1545-0074

| Name(s) shown on i | eturn | | Your | social secur | ity number |
|---------------------------------------|-------|---|---------|--------------|------------|
| ARUN KUMAR | SIRA | APARAPU | 708 | 8-21-631 | L 4 |
| Part I | 1 | List name of payer. If any interest is from a seller-financed mortgage and the | | Am | ount |
| Interest | | buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: | | | |
| (See instructions | | | | | |
| and the Instructions for | | | | | |
| Form 1040, line 2b.) | | | | | |
| Note: If you | | | | | |
| received a Form 1099-INT. | | | 1 | | |
| Form 1099-OID, | | | | | |
| or substitute statement from | | | | | |
| a brokerage firm, list the firm's | | | | | |
| name as the | | | | | |
| payer and enter the total interest | | | | | |
| shown on that form. | | | | | |
| | 2 | Add the amounts on line 1 | 2 | | |
| | 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. | - | | |
| | | Attach Form 8815 | 3 | | |
| | 4 | Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b | 4 | | |
| | | If line 4 is over \$1,500, you must complete Part III. | 1 | Am | ount |
| Part II | 5 | List name of payer: <u>APEX CLEARING</u> Robinhood Securities LLC | | | <u> </u> |
| Ordinary | | Robinhood Securities LLC | | | 0. |
| Dividends | | | | | |
| (See instructions and the | | | | | |
| Instructions for | | | | | |
| Form 1040, line 3b.) | | | 5 | | |
| Note: If you | | | | | |
| received a Form 1099-DIV | | | | | |
| or substitute | | | | | |
| statement from a brokerage firm, | | | | | |
| list the firm's name as the | | | | | |
| payer and enter | | | | | |
| the ordinary dividends shown | 6 | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b | 6 | | 1,560. |
| on that form. | Note: | If line 6 is over \$1,500, you must complete Part III. | | | |
| Part III | | nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary div | | | a foreign |
| Foreign | accou | nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr | n trust | | |
| Accounts | | | | | Yes No |
| and Trusts | 7a | At any time during 2022, did you have a financial interest in or signature authority of | over a | financial | |
| Caution: If required, failure to | D | account (such as a bank account, securities account, or brokerage account) locat country? See instructions | | - | × |
| file FinCEN Form 114 may result in | | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank | | | |
| substantial | | Accounts (FBAR), to report that financial interest or signature authority? See Find | CEN F | orm 114 | |
| penalties. Additionally, you | - | and its instructions for filing requirements and exceptions to those requirements . | | | |
| may be required to file Form 8938 | b | If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) are located: | , | | |
| Statement of Specified Foreign | | financial account(s) are located: | | | |
| Speemed rorory | | | | | |

During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

Financial Assets.

See instructions.

8

Schedule B (Form 1040) 2022

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SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

ARUN KUMAR SIRAPARAPU

Your social security number 708-21-6314

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, columr | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|---|---|--|---|-----------------|---|
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 229,086. | 230,835. | 6,1 | 10. | 4,361. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | | 5 | |
| 6 | | | | | | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | • | ., | | 7 | 4,361. |

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

| | instructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustmer | nts | (h) Gain or (loss) Subtract column (e) |
|----------|--|---------------------------|--------------------------|---|----------|--|
| | form may be easier to complete if you round off cents to e dollars. | Proceeds (sales price) | Cost (or other basis) | to gain or loss Form(s) 8949, line 2, colum | Part II, | from column (d) and combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | 4,252. | 3,408. | | | 844. |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | |
| 12 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | 12 13 | | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | 14 | () | | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | | | | 15 | 844. |
| For F | Paperwork Reduction Act Notice, see your tax return instruction | | | | Schedu | ile D (Form 1040) 2022 |

| Part | III Summary | | |
|------|--|----|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 5,205. |
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? Image: Second State Image: Second State </th <th></th> <th></th> | | |
| | No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

REV 02/24/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



| Name(s) shown on return | Social security number or taxpayer identification number | | | | |
|-------------------------|--|--|--|--|--|
| ARUN KUMAR SIRAPARAPU | 708-21-6314 | | | | |

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a co See the sep | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (g), (h) Gain or (loss) Subtract column (e) | |
|---|--|--------------------------------|-------------------------------------|--|--|--|---|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| APEX CLEARING | 01/01/22 | 12/31/22 | 24,003. | 21,495. | W | 3. | 2,511. | |
| Robinhood Securities LLC | 01/01/22 | 12/31/22 | 205,083. | 209,340. | W | 6,107. | 1,850. | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and inc is checked), lir | lude on your 1e 2 (if Box B | 229,086. | 230,835. | | 6,110. | 4,361. | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

| Form 8949 (2022) | Attachment Sequence No. 12A | Page 2 |
|------------------|-----------------------------|---------------|
| | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ARUN KUMAR SIRAPARAPU

Social security number or taxpayer identification number 708-21-6314

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions. | V See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|--|--|--|----------------------------------|--|---|
| APEX CLEARING | 01/01/21 | 12/31/22 | 568. | 529. | | | 39. |
| Robinhood Securities LLC | 01/01/21 | 12/31/22 | 3,684. | 2,879. | | | 805. |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | | 4,252. | 3,408. | | | 844. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 02/24/23 PRO

| | DULE E | | | Supplemental | Inc | ome an | d Los | SS | | | OMB No | . 1545-0074 |
|----------|---------------------|-------------|--|---|----------|------------|------------|---------|------------------|-------------|---------------|------------------|
| (Form | 1040) | (From r | ental real estat | e, royalties, partnersh | nips, S | corporati | ons, es | tates, | trusts, REMIC | Cs, etc.) | ゆに | 99 |
| Departm | ent of the Treasury | | | Attach to Form 1040, | | | | | | | Attachm | ent |
| Internal | Revenue Service | | Go to www. | irs.gov/ScheduleE for | ' instru | ictions an | d the la | test in | formation. | | Sequence | ce No. 13 |
| . , | shown on return | | | | | | | | | | al security r | number |
| | KUMAR SIR | | | | | | | | | 708-2 | 1-6314 | |
| Part | | | | al Real Estate an | | | • | | | | | |
| | rental inco | me or los | ne business of r ss from Form 48 | enting personal proper 35 on page 2, line 40. | ty, use | Schedule | C. See | Instruc | ctions. If you a | re an Indiv | /idual, repo | ort farm |
| A | | | | at would require you | to file | Form(s) 1 | 099? 5 | See ins | tructions . | | . 🗌 Ye | s 🛛 No |
| | | | | d Form(s) 1099? | | | | | | | | |
| 1a | | | | street, city, state, ZIF | | | | | | | | |
| A | - | | | | | JGANA I | | 2105 | | | | |
| | NEAR POST | OFFIC | E SIKEEI I | KAUAHMUNDKI I | LLAP | IGANA I | | 3103 | | | | |
| <u>с</u> | | | | | | | | | | | | |
| 1b | Type of Prope | rty 2 | Eor oach ron | tal real estate prope | rty liet | ind | | Ea | ir Rental | Person | | |
| 10 | (from list below | | | t the number of fair i | | | | Га | Days | Da | | QJV |
| Α | 3 | <i>,</i> | personal use | e days. Check the QJ | JV bo> | only [| Α | | 365 | | 0 | |
| В | | | | he requirements to f | | | В | | | | - | \square |
| С | | | qualified join | t venture. See instru | ctions | 5. · | С | | | | | |
| Туре | of Property: | | | | | | | | | | | |
| 1 | Single Family Re | esidence | e 3 Vacat | ion/Short-Term Rent | tal | 5 Land | | 7 | Self-Rental | | | |
| 2 | Multi-Family Re | sidence | 4 Comr | nercial | | 6 Roya | lties | 8 | Other (descr | ibe) | | |
| | | | | | | | | | Properti | | | |
| Incom | . | | | | | | Α | | B | c3. | | С |
| 3 | | 4 | | | 3 | | | 00. | | | | • |
| 4 | | | | | 4 | | | | | | | |
| Exper | | | | | - | | | | | | | |
| 5 | | | | | 5 | | | | | | | |
| 6 | - | | | | 6 | | | | | | | |
| 7 | | | | | 7 | | 1 | 00. | | | | |
| 8 | | | | | 8 | | | | | | | |
| 9 | Insurance | | | | 9 | | | | | | | |
| 10 | Legal and othe | er profes | sional fees . | | 10 | | | | | | | |
| 11 | Management f | ees | | | 11 | | 8 | 00. | | | | |
| 12 | | | | (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | |
| 14 | - | | | | 14 | | | 00. | | | | |
| 15 | | | | | 15 | | 2,7 | 50. | | | | |
| 16 | | | | | 16 | | F 0 | 0.0 | | | | |
| 17 | | | | | 17 | | 5,0 | 00. | | | | |
| 18 10 | | | | | 18 19 | | | | | | | |
| 19 20 | Total expenses | | and 5 through | 19 | 20 | | 12,6 | 50 | | | | |
| 20 21 | • | | • | nd/or 4 (royalties). If | 20 | | 12,0 | 50. | | | | |
| 21 | | | | ind out if you must | | | | | | | | |
| | | | | | 21 | - | -12,0 | 50. | | | | |
| 22 | | | | er limitation, if any, | <u> </u> | | , - | | | | | |
| | | | | | 22 | (| 12,05 | 50.) | |) | (|) |
| 23a | Total of all amo | ounts re | ported on line | 3 for all rental prope | | | | 23a | | 600. | | , |
| b | | | | 4 for all royalty prope | | | | 23b | | | | |
| с | Total of all amo | ounts re | ported on line | 12 for all properties | | | | 23c | | | | |
| d | | | | 18 for all properties | | | | 23d | | | | |
| е | | | | 20 for all properties | | | | 23e | 12 | ,650. | | |
| 24 | | | | vn on line 21. Do no | | | | | | | | |
| 25 | | | | 1 and rental real estat | | | | | | | (1 | L2,050.) |
| 26 | | | | income or (loss). | | | | | | | | |
| | nere. It Parts | 11, 111, IV | , and line 40 | on page 2 do not a | apply | to you, a | aiso er | iter th | is amount o | m | | |

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . For Paperwork Reduction Act Notice, see the separate instructions.

-12,050.

NPA



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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

1555

NJ-1040 2022 Page 1

 $\cap 4$

Your Social Security Number (required)

708216314

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

Home Address (Number and Street, including apartment number) 237 LUCY CT

SIRAPARAPU ARUN KUMAR

County/Municipality Code (See Table page 50) 1212

| City, Town, Post Office | State | ZIP Code |
|-------------------------|-------|----------|
| SOUTH PLAINFIELD | NJ | 07080 |

Driver's License Number (Voluntary) (See instructions) S45900627204872

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You | | | Yes | No |
|--|-------------------|------|---|-----|------------|
| If joint return, does your spouse want to designate \$1? | Spouse/CU Partner | | | Yes | No |
| | | | | | |
| Direct Deposit Information | | | | | |
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | | dd1. | 1 | | |
| dd2. Account type (C for checking, S for savings) | | dd2. | С | | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | | dd3. | | | |
| dd4. Routing number | | dd4. | | | 021200339 |
| dd5. Account number | | dd5. | | 383 | 1049508871 |

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



| Γ | | | | Name(s) as shown o SIRAPARA | n Form NJ-1040 PU ARUN | KUMAR | | | |
|----------------------|--|-----------------------------------|--|---------------------------------|---------------------------|-------------|-------------|---------------|---------------------|
| NJ-1 2022 Page | | 4P022 | | Your Social Securit 70821631 | | | | | 1555 |
| Part- | year residents, provide months/days y | | | ent during 2022. | | Fiscal yea | r filers or | lv: | |
| From | | ou were | a riew sersey resid | en during 2022. | | | | r year end | 2023 |
| | g Status only one. | | | | | | | | |
| | Single Married/CU Couple, filing jo Married/CU Partner, filing so Head of Household Qualifying Widow(er)/Survi Indicate the year of your spo mptions the ovals that apply. You must enter a total | eparate r wing CU ouse's/CU | eturn Partner J partner's death: | 2020 mplete the calculation. | Enter spouse 2021 | 's/CU partn | er's SSN | | |
| 6. | Regular | × | Self | Spouse/CU Partner | Domestic | Partner | 1 | x \$1,000 = 1 | 000 |
| 7. | Senior 65+ (Born in 1957 or earlier) | | Self | Spouse/CU Partner | Domestie | i urtifer | 1 | x \$1,000 = | |
| 8. | Blind/Disabled | | Self | Spouse/CU Partner | | | | x \$1,000 = | |
| 9. | Veteran | | Self | Spouse/CU Partner | | | | x \$6,000 = | |
| 10. | Qualified Dependent Children | | | | | | | x \$1,500 = | |
| 11. | Other Dependents | | | | | | | x \$1,500 = | |
| 12. | Dependents Attending Colleges (See | e instruct | ions) | | | | | x \$1,000 = | |
| 13. | Total Exemption Amount (Add total | s from th | ne lines at 6 through | n 12) | | | | 13. 1 | 000 . |
| 14. | Dependent Information. Provide the Last Name, First Name, Middle Initi | | ng information for | each dependent. | Social Securi | ty Number | | Birth Year | No Health Insurance |
| a. | | | | | | | | | |
| b. | | | | | | | | | |
| c. | | | | | | | | | |
| d. | | | | | | | | | |



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 SIRAPARAPU ARUN KUMAR

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number}\\ {\rm 708216314} \end{array}$

1555

| 1.5 | | 16 | 106050 |
|------|--|------|--------------|
| 15. | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 126252 . |
| 16a. | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | • |
| 16b. | Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16b. | 1560 |
| 17. | Dividends | 17. | 1560 . |
| 18. | Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) | 18. | |
| 19. | Net gains or income from disposition of property (Schedule NJ-DOP, line 4) | 19. | 5205 . |
| 20a. | Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions) | 20a. | • |
| 20b. | Excludable pension, annuity, and IRA distributions/withdrawals | 20Ь. | • |
| 21. | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | • |
| 22. | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | • |
| 23. | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) | 23. | • |
| 24. | Net gambling winnings (See instructions) | 24. | • |
| 25. | Alimony and separate maintenance payments received | 25. | • |
| 26. | Other (Enclose documents) (See instructions) | 26. | 1 2 2 0 1 17 |
| 27. | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 133017 . |
| 28a. | Pension/Retirement Exclusion (See instructions) | 28a. | • |
| 28b. | Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) | 28b. | • |
| 28c. | Total Exclusion Amount (Add lines 28a and 28b) | 28c. | |
| 29. | New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) | 29. | 133017 . |
| 30. | Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1000 . |
| 31. | Medical Expenses (See Worksheet F and instructions) | 31. | • |
| 32. | Alimony and separate maintenance payments (See instructions) | 32. | • |
| 33. | Qualified Conservation Contribution | 33. | • |
| 34. | Health Enterprise Zone Deduction | 34. | |
| 35. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0. |
| 36. | Organ/Bone Marrow Donation Deduction (See instructions) | 36. | • |
| 37a. | NJBEST Deduction | 37a. | • |
| 37b. | NJCLASS Deduction | 37b. | • |
| 37c. | NJ Higher Ed. Tuition Deduction | 37c. | • |
| 38. | Total Exemptions and Deductions (Add lines 30 through 37c) | 38. | 1000 . |
| 39. | Taxable Income (Subtract line 38 from line 29) | 39. | 132017 . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25) | 40a. | 2880 . |
| 40b. | Indicate your residency status during 2022 (fill in only one) Homeowner Tenant | Both | |
| 41. | Property Tax Deduction (From Worksheet H) (See instructions) | 41. | 2880 . |
| 42. | New Jersey Taxable Income (Subtract line 41 from line 39) | 42. | 129137 . |
| 43. | Tax on amount on line 42 (Tax Table page 52) | 43. | 6100 . |
| 44. | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 44. | • |
| | Enter Code | | |
| 45. | Balance of Tax (Subtract line 44 from line 43) | 45. | 6100 . |
| 46. | Sheltered Workshop Tax Credit | 46. | |
| 47. | Gold Star Family Counseling Credit (See instructions) | 47. | |
| 48. | Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 48. | |
| 49. | Total Credits (Add lines 46 through 48) | 49. | |
| 50. | Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry | 50. | 6100 . |
| 51. | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0. |
| 52. | Interest on Underpayment of Estimated Tax | 52. | |
| | Fill in if Form NJ-2210 is enclosed | | |
| 53. | Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X | 53. | 0. |



NJ-1040 2022 Page 4

Name(s) as shown on Form NJ-1040 SIRAPARAPU ARUN KUMAR

Your Social Security Number 708216314

1555

| 54. | Total Tax Due (Add lines 50 through 53) | | 54. | 6100 | • |
|-----|--|----------------|-----|------|---|
| 55. | Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions) | | 55. | 6451 | |
| 56. | Property Tax Credit (See instructions page 24) | | 56. | | |
| 57. | New Jersey Estimated Tax Payments/Credit from 2021 tax return | | 57. | | • |
| 58. | New Jersey Earned Income Tax Credit (See instructions) | | 58. | | |
| | Fill in if you had the IRS calculate your federal earned income credit | | | | |
| | Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | | | | |
| 59. | Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | | 59. | | • |
| 60. | Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | | 60. | | • |
| 61. | Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | | 61. | | |
| 62. | Wounded Warrior Caregivers Credit (See instructions) | | 62. | | |
| 63. | Pass-Through Business Alternative Income Tax Credit (See instructions) | | 63. | | • |
| 64. | Child and Dependent Care Credit (See instructions) | | 64. | | |
| | Fill in if you are a CU couple claiming the Child and Dependent Care Credit | | | | |
| 65. | New Jersey Child Tax Credit (See instructions) | | 65. | | • |
| | Number of dependents under age 6 on 12/31/2022 | | | | |
| 66. | Total Withholdings, Credits, and Payments (Add lines 55 through 65) | | 66. | 6451 | • |
| 67. | If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe | | 67. | | • |
| | If you owe tax, you can still make a donation on lines 70 through 77. | | | | |
| 68. | If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter t | he overpayment | 68. | 351 | |
| 69. | Amount from line 68 you want to credit to your 2023 tax | | 69. | | |
| 70. | Contribution to N.J. Endangered Wildlife Fund | | 70. | | • |
| 71. | Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | | 71. | | |
| 72. | Contribution to N.J. Vietnam Veterans' Memorial Fund | | 72. | | • |
| 73. | Contribution to N.J. Breast Cancer Research Fund | | 73. | | • |
| 74. | Contribution to U.S.S. New Jersey Educational Museum Fund | | 74. | | |
| 75. | Other Designated Contribution (See instructions) | Enter Code | 75. | | • |
| 76. | Other Designated Contribution (See instructions) | Enter Code | 76. | | • |
| 77. | Other Designated Contribution (See instructions) | Enter Code | 77. | | • |
| 78. | Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77) | | 78. | | • |
| 79. | Balance due (If line 67 is more than zero, add line 67 and line 78) | | 79. | | • |
| 80. | Refund amount (If line 68 is more than zero, subtract line 78 from line 68) | | 80. | 351 | • |
| | | | | | |

| Under penalties of perjury, I declare that I have examined this Inco the best of my knowledge and belief, it is true, correct, and complet based on all information of which the preparer has any knowledge. | Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation | | |
|--|--|---|---|
| Your Signature Date | Spouse's/CU Par | rtner's Signature (required if filing jointly) Date | Revenue Processing Center - Payments PO Box 111 |
| Paid Preparer's Signature | | Federal Identification Number | Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: |
| SYAM PRIYA RAM SAGAR GUPTA | TALLAM | P02082703 | nj.gov/taxation Refund or No Tax Due Address |
| Firm's Name | | Firm's Federal Employer Identification Number | Use the labels provided with the envelope and mail to: New Jersey Division of Taxation |
| GLOBAL TAXES LLC | 84-3171965 | | Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555 |

____4 ___

____5___

6_

7_

Division Use:

1 _____

2_

3____

REV 01/24/23 PRO

| Name(s) as shown on Form NJ-1040 | Social Security Number |
|----------------------------------|------------------------|
| SIRAPARAPU ARUN KUMAR | 708-21-6314 |

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

| | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D. | | | | | | | | | |
|----|---|----------------------------------|---------------------------|----------------------|---|-------------------------------|--|--|--|--|
| | (a) (b) (c) (d) (e) (f) | | | | | | | | | |
| 1. | Kind of property and description | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | Gross sales price | Cost or other basis as adjusted (see instructions) and expense of sale | Gain or (loss) (d minus e) | | | | |
| | Apex Clearing | 01/01/2022 | 12/31/2022 | 24,003. | 21,492. | 2,511. | | | | |
| | Robinhood Securities LLC | 01/01/2022 | 12/31/2022 | 205,083. | 203,233. | 1,850. | | | | |
| | Apex Clearing | 01/01/2021 | 12/31/2022 | 568. | 529. | 39. | | | | |
| | Robinhood Securities LLC | 01/01/2021 | 12/31/2022 | 3,684. | 2,879. | 805. | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2. | Capital Gains Distributions | | | | | | | | | |
| 3. | Other Net Gains | | | | | | | | | |
| 4. | Net Gains (Add lines 1, 2, and 3.) entry on line 19.) | | | | | 5,205, | | | | |

Schedule NJ-WWC 2022 Wounded Warrior Caregivers Credit

| | Did you provide care for a relative who was a qualifying armed services member (see instructions)? | > Ye | s O No | |
|----|---|--------|----------------|----|
| | If " Yes ," enter the name and Social Security number of the qualifying service membe | er. | | |
| | Last Name, First Name, Initial Social Security number | | | |
| | Enter your relationship to the qualifying service member. | | | |
| | If " No ," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry | on lin | e 62, NJ-1040. | |
| 1. | Enter the federal disability compensation of the armed services member | 1. | | |
| 2. | Maximum credit allowed | 2. | 675 | 00 |
| 3. | Enter the lesser of line 1 or line 2 | 3. | | |
| 4. | Were you the only caregiver for this service member during the tax year? | | | |
| | If " No ," enter your share (percentage) of the total care expenses for the year. | 4. | | % |
| 5. | If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040. | | | |
| | If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040 | 5. | | |

| Name(s) as shown on Form NJ-1040 | Social Security Number |
|----------------------------------|------------------------|
| SIRAPARAPU ARUN KUMAR | 708-21-6314 |

| | | edule NJ-BUS-1 (Form NJ-1040) | | lew Jersey Business Ind | | | | | ule | 2022 | | |
|----------|-------------------|--|--|----------------------------|------------------|---|------------------|---|---|--|----------|--|
| Ρ | art I | List the net profit (loss) from business(es). See Instructions. | | | | | | | | | | |
| | Business Name | | Social Security Number/ Federal EIN | | | r/ | Profit or (Loss) | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | <u> </u> | |
| 3. | | | / = 1 | <u> </u> | | | | | | | | |
| 4. | | fit or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on | | | | | 4. | | | | | |
| Р | art II | Distributive Share of Par | tner | ship Incom | е | | | | | re of income (loss) ee instructions. | | |
| | | Partnership Name | | Federal Ell | N | | | re of Partners come or (Loss | ' I BUSINESS Alternativ | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | <u> </u> | | | | | | <u> </u> | | | |
| 3. | D : ()) (| | | | | | | | <u> </u> | | | |
| 4. | (Add line | ive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on I nake no entry on line 21.) | | | 4. | | | | | | | |
| 5. | | are of Pass-Through Business Alter es 1, 2, and 3.)(Enter here and inclu | | | 940.) 5. | | | | | | | |
| Ρ | art III | Net Pro Rata Share of S | Co | rporation In | come | | | | | of income (usable n(s). See instructior | ıs. | |
| | | S Corporation Name | | | | Rata Share of S Corporation ncome or (Usable Loss) | | | n Share of Pass-Through Busin Alternative Income Tax | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. 4. | (Add line | Rata Share of S Corporation Income or (s 1, 2, and 3.) (Enter here and on line 22 ake no entry on line 22.) | | | | | | | | | | |
| 5. | Total Sha | re of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on | | me Tax | | | | | | | | |
| P | art IV | Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | form of rer of Property | nts, royal y: | lties | , pate | ents, and cop | yrights | derived from or in th . See instructions. T nts 4 – Copyrights | уре | |
| | | of Income or Loss. If rental real est nter physical address of property. | ate, | Social Secu Feder | | ber/ | n | ype – Enter umber from list above | | Income or (Loss) | | |
| 1. | NEAR I | POST OFFICE STREET | | 708216314 | | | | 1 | | -12,050. | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | ome or (Loss). (Add lines 1, 2, and 3 ere and on line 23, NJ-1040. If loss | , mal | ke no entry on | , | | | 4. | | -12,050. | | |

| Name(s) as shown on Form NJ-1040 | Social Security Number |
|----------------------------------|------------------------|
| SIRAPARAPU ARUN KUMAR | 708-21-6314 |

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

| | | | Column B | | | | | | | | | |
|--------------------------------|--|-----|----------|-----------|-----|---------------------------------------|---|--|--|--|--|--|
| Part | Part I Income (Loss) Reportable Regular Business Income | | | | | Alternative Business Income (Loss) | | | | | | |
| 1. | Net Profits From Business | 1a. | 0. | | 1b. | 0. | | | | | | |
| 2. | Distributive Share of Partnership Income | 2a. | 0. | | 2b. | 0. | | | | | | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | 0. | | 3b. | 0. | | | | | | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 0. | | 4b. | -12,050. | | | | | | |
| 5. | Loss Carryforward From Tax Year 2021 | | | | 5b. | (20,000. |) | | | | | |
| 6. | Totals | 6а. | 0. | | 6b. | -32,050. | | | | | | |
| Part II Adjustment Calculation | | | | | | | | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | | | | | | | | |
| 8. | Total Alternative Business Income/(Loss) (If loss, enter zero) | 8. | 0. | | | | | | | | | |
| 9. | Business Increment (Subtract line 8 from line 7) | 9. | 0. | | | | | | | | | |
| 10. | Adjustment Percentage | 10. | (| 0.50 | | | | | | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.50) | 11. | 0. | | | | | | | | | |
| Part | III Loss Carryforward to Tax Year 2023 | | | | | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2023 | | 12. | (32,050. |) | | | | | | | |

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

| Name as Shown on Return | Social Security No. |
|-------------------------|---------------------|
| SIRAPARAPU ARUN KUMAR | 708-21-6314 |

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

| Name | SSN | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------|------|-----|-------|------------------------|----------|--------|--------|----------|---------|--------|----------------|--------|-----|
| Examplian Code | | | | | | | | | | | | | |
| Exemption Code | | - | | box if tl box if tl | | | | | | • | | nber . | |
| Exemption Code | | _ | | box if ti box if ti | | | | | | • | | nber . | |
| Exemption Code | | | Check | box if t | his indi | vidual | has mo | ore than | n one e | xempti | on nun | nber . | |
| | | | | box if t | | | | | | | | | |
| Exemption Code | | - | | box if tl box if tl | | | | | | | on nun | nber . | |
| Exemption Code | | - | | box if ti box if ti | | | | | | • | on nun | nber . | |
| Exemption Code | | | | box if t | | | | | | | on nun | nber . | |
| | | | | box if t | | | | | | | | | |
| Exemption Code | | - | | box if tl box if tl | | | | | | • | on nun | | |
| Exemption Code | | - | | box if ti box if ti | | | | | | • | on nun | nber | |
| Exemption Code | | | | box if t | | | | | | | on nun | nber . | |
| Everation Cod- | | | | box if t | | | | | | | | | |
| Exemption Code | | _ | | box if tl box if tl | | | | | | • | | | |

njia1602.SCR 01/16/20