

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                     |  |
|-------------------------------------|--|
| Taxpayer's name<br>RAJU GOUD MALLAM | Social security number<br>713-69-0732          |
| Spouse's name<br>DEEPIKA GAJAGOUNI  | Spouse's social security number<br>222-99-9467 |

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

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 | 87,967. |
| 2 Total tax   | 2 | 5,020.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 10,814. |
| 4 Amount you want refunded to you                               | 4 | 5,794.  |
| 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 perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 0 | 7 | 3 | 2 |
|---|---|---|---|---|

 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 ▶ 04/04/2023

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 9 | 4 | 6 | 7 |
|---|---|---|---|---|

 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.

Spouse's signature ▶  Date ▶ 04/04/2023

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (RAJU GOUD), Last name (MALLAM), Your social security number (713-69-0732), Spouse's social security number (222-99-9467), Home address (1317 ETHAN DR), City, town, or post office (FLOWER MOUND), State (TX), ZIP code (75028).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependent KSHIRSA MALLAM.

Main income table with columns for line numbers and amounts. Includes sections for Income (1a-1z), Attach Form(s) W-2 here (2a-2b), Standard Deduction for (5a-5b), and other income (7-15).

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 7,020. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 7,020. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> | 2,000. |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 2,000. |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 5,020. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 5,020. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 10,814. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 10,814. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) NO   | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 10,814. |

|                                      |            |   |                |   |
|--------------------------------------|------------|---|----------------|---|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>      | 5,794.  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>     | 5,794.  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 1 1 1 0 0 0 0 2 5  | <b>c</b> Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number 5 8 6 0 3 5 3 4 6 9 3 6  |                |   |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>      |   |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                                    |                                      |   |
|---|------------------------------------|--------------------------------------|---|
| Your signature  | Date                               | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                               | Spouse's occupation<br>HOME MAKER    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (254) 319-4545                                      | Email address MALLAM.RAJ@GMAIL.COM |                                      |   |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04/03/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>84-3171965                            |

**SCHEDULE 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](http://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  
RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

Your social security number  
713-69-0732

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -11,695. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |          |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b> |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )      |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | -11,695. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |
|------------|--|------------|------------|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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.

Attachment  
Sequence No. **12**

Name(s) shown on return

RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

Your social security number

713-69-0732

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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 5,269.                           | 5,056.                          | 87.   | 300.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 300.   |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 1,839.                           | 1,690.                          |  | 149.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> 149.  |



**Part III Summary**

|           |  |           |      |
|-----------|--|-----------|------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 449. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |      |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |      |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |      |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |      |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                  |           |      |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.   | <b>21</b> | ( )  |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |      |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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

RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

713-69-0732

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.

- (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)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
|                  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | ROBINHOOD SECURITIES LLC   | 01/01/22                                | 12/31/22  | 5,269.   | 5,056.   | W  | 87.                            | 300.   |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |   | 5,269.   | 5,056.   |  | 87.                            | 300.   |

**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.





**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

Your social security number

713-69-0732

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 17-1-195/4/15, DOBHIGAT, MADANNAPET HYDERABAD TELANGANA IN 500059

**B**  
**C**

| 1b 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                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 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) \_\_\_\_\_

| Income:          |   | Properties: |             |          |
|------------------|---|-------------|-------------|----------|
|                  |   | A           | B           | C        |
| <b>3</b>         | Rents received . . . . .  | 3           | 695.        |          |
| <b>4</b>         | Royalties received . . . . .  | 4           |             |          |
| <b>Expenses:</b> |   |             |             |          |
| <b>5</b>         | Advertising . . . . .   | 5           |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | 6           |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 7           | 2,454.      |          |
| <b>8</b>         | Commissions . . . . .   | 8           |             |          |
| <b>9</b>         | Insurance . . . . .   | 9           |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | 10          |             |          |
| <b>11</b>        | Management fees . . . . .   | 11          | 2,196.      |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | 12          |             |          |
| <b>13</b>        | Other interest . . . . .  | 13          |             |          |
| <b>14</b>        | Repairs . . . . .   | 14          | 2,865.      |          |
| <b>15</b>        | Supplies . . . . .  | 15          | 2,457.      |          |
| <b>16</b>        | Taxes . . . . .   | 16          |             |          |
| <b>17</b>        | Utilities . . . . .   | 17          | 2,418.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 18          |             |          |
| <b>19</b>        | Other (list) _____  | 19          |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 20          | 12,390.     |          |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | 21          | -11,695.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | 22          | ( 11,695. ) | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a         | 695.        |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b         |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | 23c         |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 23d         |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 23e         | 12,390.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | 24          |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25          | ( 11,695. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26          |             | -11,695. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-11,695.

Schedule E (Form 1040) 2022

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

713-69-0732

| <b>Part I Child Tax Credit and Credit for Other Dependents</b>   |   |           |                  |
|--|---|-----------|------------------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> 87,967. |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |                  |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.               |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |                  |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.               |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 87,967.          |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 1                |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.           |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0                |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.                |   |           |                  |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |                  |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.           |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000.         |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | <b>10</b> | 0.               |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.               |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.           |
| <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. |   |           |                  |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |                  |
| <b>13</b>  | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 7,020.           |
| <b>14</b>  | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 2,000.           |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|            |  |            |    |
|------------|--|------------|----|
| <b>15</b>  | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>   |            |    |
| <b>16a</b> | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> | 0. |
| <b>b</b>   | Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> |    |
|            | <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.  |            |    |
| <b>17</b>  | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>  |    |
| <b>18a</b> | Earned income (see instructions) . . . . .   | <b>18a</b> |    |
| <b>b</b>   | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b> |    |
| <b>19</b>  | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>  |    |
| <b>20</b>  | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>  |    |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . . | <b>21</b> |  |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .  | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .   | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . | <b>27</b> |  |
|-----------|--|-----------|--|

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
713-69-0732

RAJU GOUD MALLAM

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b> 0.   |
| <b>3</b>  | If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b> 7,300.   |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b> 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b> 7,300.   |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .   | <b>6</b> 7,300.   |
| <b>7</b>  | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b> 7,300.   |
| <b>9</b>  | Employer contributions made to your HSAs for 2022 . . . . .  | <b>9</b> 2,871.   |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>   |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b> 2,871.  |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> 4,429.  |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b> 0.  |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |                   |
|------------|--|-------------------|
| <b>14a</b> | Total distributions you received in 2022 from all HSAs (see instructions) . . . . .  | <b>14a</b> 2,065. |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | <b>14b</b>        |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> 2,065. |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b> 2,065.  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | <b>16</b> 0.      |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |                   |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | <b>17b</b>        |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |           |
|-----------|--|-----------|
| <b>18</b> | Last-month rule . . . . .  | <b>18</b> |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | <b>19</b> |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | <b>20</b> |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | <b>21</b> |

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

|  |   |
|--|---|
| Taxpayer name(s) shown on return<br>RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI | Taxpayer identification number<br>713-69-0732   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                     | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|  | Yes                                 | No                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |



**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



# 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<br>RAJU GOUD MALLAM | Spouse's name (jointly filed return only)<br>DEEPIKA GAJAGOUNI |
|-------------------------------------|--|

### 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.

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.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended 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*.

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*.

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

### Part A – Tax return information

|  |    |              |
|--|----|--------------|
| 1 Federal adjusted gross income (from applicable line).....  | 1. | 87967.       |
| 2 Refund.....  | 2. | 287.         |
| 3 Amount you owe.....  | 3. |              |
| 4 Financial institution routing number.....  | 4. | 111000025    |
| 5 Financial institution account number.....  | 5. | 586035346936 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings |    |              |

### 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<br>GLOBAL TAXES LLC                  | Date             |
| Paid preparer's signature | Print name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04032023 |



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning ..... **22**  
and ending .....

**For help completing your return, see the instructions, Form IT-203-I.**

|  |          |  |                   |   |  |
|--|----------|--|-------------------|---|--|
| Your first name and middle initial<br>RAJU GOUD                                      |          | Your last name (for a joint return, enter spouse's name on line below)<br>MALLAM |                   | Your date of birth (mmddyyyy)<br>05311987     | Your Social Security number<br>713690732     |
| Spouse's first name and middle initial<br>DEEPIKA                                    |          | Spouse's last name<br>GAJAGOUNI  |                   | Spouse's date of birth (mmddyyyy)<br>08301992 | Spouse's Social Security number<br>222999467 |
| Mailing address (see instructions) (number and street or PO Box)<br>1317 ETHAN DR    |          |  |                   | Apartment number                              | New York State county of residence<br>NR     |
| City, village, or post office<br>FLOWER MOUND  |          | State<br>TX  | ZIP code<br>75028 | Country<br>UNITED STATES                      | School district name<br>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 information                          | Taxpayer's date of death                     |
|  |          |  |                   |   | Spouse's date of death                       |

**A Filing status**  
(mark an X in one box):

- ①  Single
- ②  Married filing joint return  
(enter both spouses' Social Security numbers above)
- ③  Married filing separate return  
(enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2022 federal income tax return? ..... Yes  No

**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



**D2 Yonkers part-year residents only:**

(1) Did you receive a homeowner tax rebate credit? (see instructions) ..... Yes  No

(2) Enter the amount .....

**E New York City part-year residents only**

(1) Number of months **you** lived in NY City in 2022 ....

(2) Number of months **your spouse** lived in NY City in 2022 .....

**F Enter your 2-character special condition code(s) if applicable** .....

**G New York State part-year residents**

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H Did you or your spouse maintain living quarters in NYS in 2022?** ..... Yes  No   
(if Yes, complete Form IT-203-B)

**I Dependent information**

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| KSHIRSA                       | MALLAM    | DAUGHTER     | 796501835              | 09142021                 |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |

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



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
713690732

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of Social Security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income; Recomputed federal adjusted gross income.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19a through 22.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of Social Security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, Federal amount column 87967.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002223555



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

|   |          |
|---|----------|
| 33  | 16050.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)             | 71917.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 1 000.00 |
| 36 <b>New York taxable income</b> (subtract line 35 from line 34)                           | 70917.00 |

**Tax computation, credits, and other taxes**

|   |          |
|---|----------|
| 37 <b>New York taxable income</b> (from line 36)  | 70917.00 |
| 38 New York State tax on line 37 amount   | 3718.00  |
| 39 New York State household credit  | .00      |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)   | 3718.00  |
| 41 New York State child and dependent care credit   | .00      |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)   | 3718.00  |
| 43 New York State earned income credit  | .00      |
| 44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)  | 3718.00  |
| 45 Income percentage <input type="text"/> New York State amount from line 31 <input type="text" value="43127.00"/> ÷ Federal amount from line 31 <input type="text" value="87967.00"/> = Round result to 4 decimal places <input type="text" value="0.4903"/> |          |
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45)  | 1823.00  |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8)   | .00      |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)   | 1823.00  |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33)  | .00      |
| 50 <b>Total New York State taxes</b> (add lines 48 and 49)  | 1823.00  |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|   |     |         |   |
|---|-----|---------|---|
| 51 Part-year New York City resident tax (Form IT-360.1)   | 51  | .00     | <b>See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b> |
| 52 Part-year resident nonrefundable New York City child and dependent care credit   | 52  | .00     |   |
| 52a Subtract line 52 from line 51   | 52a | .00     |   |
| 52b MCTMT net earnings base ...   | 52b | .00     |   |
| 52c MCTMT   | 52c | .00     |   |
| 53 Yonkers nonresident earnings tax (Form Y-203)  | 53  | .00     |   |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)  | 54  | .00     |   |
| 55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)  | 55  | .00     |   |
| 56 <b>Sales or use tax</b> (Do not leave blank.)  | 56  | 0.00    |   |
| 57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)   | 57  | .00     |   |
| 58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) | 58  | 1823.00 |   |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Enter your Social Security number
713690732

59 Enter amount from line 58 59 1823 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2023 tax, amount owed, and other penalties and interest.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box [ ]

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 111000025 73c Account number 586035346936

74 Electronic funds withdrawal Date Amount .00

Third-party designee? (see instr.) Print designee's name, Designee's phone number, Personal identification number (PIN), Email.

Paid preparer must complete: Preparer's signature, printed name, firm's name, address, PTIN or SSN, employer ID, date.

Taxpayer(s) must sign here: Your signature, occupation, spouse's signature and occupation, date, daytime phone number, email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM







Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

713690732

**Box b** Employer identification number (EIN)

061665964

**Box c** Employer's information

|   |                    |                          |                |
|---|--------------------|--------------------------|----------------|
| <b>Employer's name</b><br>MICHAEL KORS USA INC                            |                    |                          |                |
| <b>Employer's address (number and street)</b><br>1 MEADOWLANDS PLAZA 12TH |                    |                          |                |
| <b>City</b><br>EAST RUTHERFORD  | <b>State</b><br>NJ | <b>ZIP code</b><br>07073 | <b>Country</b> |

**Box 1** Wages, tips, other compensation

43127.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

31.00

**Code**

C

**Box 12b** Amount

4346.00

**Code**

D

**Box 12c** Amount

2871.00

**Code**

W

**Box 12d** Amount

14337.00

**Code**

D D

**Box 14a** Amount

17.00

**Description**

NY SDI

**Box 14b** Amount

270.00

**Description**

PFL

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**Box 13** Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

**Box 16a** NYS wages, tips, etc.

43127.00

**Box 17a** NYS income tax withheld

2110.00

**Other state information:**

**Box 15b** other state

N | J

**Box 16b** Other state wages, tips, etc.

48770.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

## Do not detach. W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

713690732

**Box b** Employer identification number (EIN)

346565596

**Box c** Employer's information

|   |                    |                               |                |
|---|--------------------|-------------------------------|----------------|
| <b>Employer's name</b><br>ERNST & YOUNG US LLP                            |                    |                               |                |
| <b>Employer's address (number and street)</b><br>200 PLAZA DRIVE STE 4444 |                    |                               |                |
| <b>City</b><br>SECAUCUS   | <b>State</b><br>NJ | <b>ZIP code</b><br>07094-3699 | <b>Country</b> |

**Box 1** Wages, tips, other compensation

28105.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

1591.00

**Code**

D D

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

.00

**Description**

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**Box 13** Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

713690732

**Box b** Employer identification number (EIN)

272716470

**Box c** Employer's information

|  |                    |                          |                |
|--|--------------------|--------------------------|----------------|
| <b>Employer's name</b><br>POSITIVE GROUP LLC                                     |                    |                          |                |
| <b>Employer's address (number and street)</b><br>4080 MCGINNIS FERRY RD STE 1206 |                    |                          |                |
| <b>City</b><br>ALPHARETTA  | <b>State</b><br>GA | <b>ZIP code</b><br>30005 | <b>Country</b> |

**Box 1** Wages, tips, other compensation

27980.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

5425.00

**Code**

DD

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

36520.00

**Description**

GROSS

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

NY

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

## Do not detach. W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

**Box b** Employer identification number (EIN)

**Box c** Employer's information

|   |              |                 |                |
|---|--------------|-----------------|----------------|
| <b>Employer's name</b>                        |              |                 |                |
| <b>Employer's address (number and street)</b> |              |                 |                |
| <b>City</b>                                   | <b>State</b> | <b>ZIP code</b> | <b>Country</b> |

**Box 1** Wages, tips, other compensation

.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Code**

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

.00

**Description**

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

NY

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555

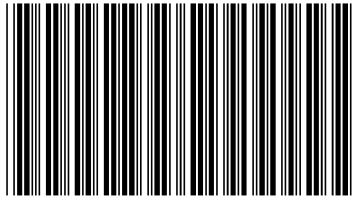


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
713690732

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.)  
MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA

Spouse's/CU Partner's SSN (if filing jointly)  
222999467

County/Municipality Code (See Table page 50)  
0909

Home Address (Number and Street, including apartment number)  
1317 ETHAN DR

City, Town, Post Office State ZIP Code  
FLOWER MOUND TX 75028

Driver's License Number (Voluntary) (See instructions)  
41704281

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

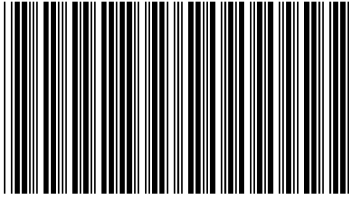
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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

**Direct Deposit Information**

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





Name(s) as shown on Form NJ-1040  
MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA

Your Social Security Number  
713690732

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:  
From: 010122 To: 053022

Fiscal year filers only:  
Enter month of your year end 2 0 2 3

**Filing Status**  
Fill in only one.

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2020 2021

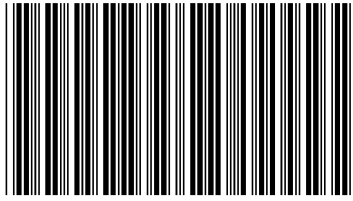
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

|  |                                     |      |                                     |                   |                  |   |             |               |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u>   |
| 7. Senior 65+ (Born in 1957 or earlier)                                |                                     | Self |                                     | Spouse/CU Partner |                  |   | 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                                       |                                     |      |                                     |                   |                  | 1 | x \$1,500 = | <u>1500</u>   |
| 11. Other Dependents   |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                                     |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                                     |                   |                  |   | 13.         | <u>3500</u> . |

14. Dependent Information. Provide the following information for each dependent.

|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year  | No Health Insurance |
|----|---------------------------------------|------------------------|-------------|---------------------|
| a. | <u>MALLAM, KSHIRSA</u>                | <u>796501835</u>       | <u>2021</u> |                     |
| b. | _____                                 |                        |             |                     |
| c. | _____                                 |                        |             |                     |
| d. | _____                                 |                        |             |                     |



040MP03220

Name(s) as shown on Form NJ-1040  
MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA

Your Social Security Number  
713690732

1555

|      |  |        |       |   |
|------|--|--------|-------|---|
| 15.  | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.    | 48770 | . |
| 16a. | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)  | 16a.   | .     | . |
| 16b. | Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a  | 16b.   | .     | . |
| 17.  | Dividends  | 17.    | .     | . |
| 18.  | Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.    | .     | . |
| 19.  | Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.    | 449   | . |
| 20a. | Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)  | 20a.   | .     | . |
| 20b. | Excludable pension, annuity, and IRA distributions/withdrawals   | 20b.   | .     | . |
| 21.  | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)     | 21.    | .     | . |
| 22.  | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.    | .     | . |
| 23.  | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)                            | 23.    | .     | . |
| 24.  | Net gambling winnings (See instructions)   | 24.    | .     | . |
| 25.  | Alimony and separate maintenance payments received   | 25.    | .     | . |
| 26.  | Other (Enclose documents) (See instructions)   | 26.    | .     | . |
| 27.  | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.    | 49219 | . |
| 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.    | 49219 | . |
| 30.  | Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.    | 1458  | . |
| 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.    | 1458  | . |
| 39.  | Taxable Income (Subtract line 38 from line 29)   | 39.    | 47761 | . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25)   | 40a.   | 1800  | . |
| 40b. | Indicate your residency status during 2022 (fill in only one)  |        |       |   |
|      | Homeowner  | Tenant | Both  |   |
| 41.  | Property Tax Deduction (From Worksheet H) (See instructions)   | 41.    | 1800  | . |
| 42.  | New Jersey Taxable Income (Subtract line 41 from line 39)  | 42.    | 45961 | . |
| 43.  | Tax on amount on line 42 (Tax Table page 52)   | 43.    | 735   | . |
| 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.    | 735   | . |
| 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.    | 735   | . |
| 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.    | 17    | . |
|      | Fill in if Form NJ-2210 is enclosed  |        |       |   |
|      |  |        | X     |   |
| 53.  | Shared Responsibility Payment (See instructions)   | 53.    | 0     | . |
|      | <b>REQUIRED</b> Enclose Schedule HCC and fill in   |        |       |   |



Name(s) as shown on Form NJ-1040  
MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA

Your Social Security Number  
713690732

1555

|  |     |       |
|--|-----|-------|
| 54. Total Tax Due (Add lines 50 through 53)  | 54. | 752 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)  | 55. | .     |
| 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. | 125 . |
| Number of dependents under age 6 on 12/31/2022   | 1   |       |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)  | 66. | 125 . |
| 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. | 627 . |
| 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 the overpayment | 68. | .     |
| 69. Amount from line 68 you want to credit to your 2023 tax  | 69. | .     |
| 70. Contribution to N.J. Endangered Wildlife Fund  | 70. | .     |
| 71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse  | 71. | .     |
| 72. Contribution to N.J. Vietnam Veterans' Memorial Fund   | 72. | .     |
| 73. Contribution to N.J. Breast Cancer Research Fund   | 73. | .     |
| 74. Contribution to U.S.S. New Jersey Educational Museum Fund  | 74. | .     |
| 75. Other Designated Contribution (See instructions)   | 75. | .     |
| Enter Code   |     |       |
| 76. Other Designated Contribution (See instructions)   | 76. | .     |
| Enter Code   |     |       |
| 77. Other Designated Contribution (See instructions)   | 77. | .     |
| Enter Code   |     |       |
| 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. | 627 . |
| 80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)  | 80. | .     |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 84-3171965  
Firm's Name Firm's Federal Employer Identification Number

**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  
Revenue Processing Center - Payments  
PO Box 111  
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:  
nj.gov/taxation

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555



### 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) |
|   | ROBINHOOD SECURITIES LLC  | 01/01/2022                 | 12/31/2022             | 5,269.            | 4,969.   | 300.                       |
|   | ROBINHOOD SECURITIES LLC  | 01/01/2022                 | 12/31/2022             | 1,839.            | 1,690.   | 149.                       |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
| 2.  | Capital Gains Distributions .....   |                            |                        |                   |  |                            |
| 3.  | Other Net Gains.....  |                            |                        |                   |  |                            |
| 4.  | Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.)..... |                            |                        |                   |  | 449.                       |

### Schedule NJ-WWC

### Wounded Warrior Caregivers Credit

### 2022

|   |  |    |        |
|---|--|----|--------|
| <p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>"Yes,"</b> enter the name and Social Security number of the qualifying service member.</p> <p>_____</p> <p>Last Name, First Name, Initial <span style="margin-left: 200px;">Social Security number</span></p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If <b>"No,"</b> you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p> |  |    |        |
| 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.  | <p>Were you the only caregiver for this service member during the tax year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>"No,"</b> enter your share (percentage) of the total care expenses for the year.</p>                                | 4. | %      |
| 5.  | <p>If you answered <b>"Yes"</b> at line 4, enter the amount from line 3 here and on line 62, NJ-1040.</p> <p>If you answered <b>"No"</b> 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 .....</p> | 5. |        |

**Keep a copy of this schedule for your records**

|  |                                       |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA | Social Security Number<br>713-69-0732 |
|--|---------------------------------------|

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

| <b>Part I</b> Net Profits From Business |   | List the net profit (loss) from business(es). See Instructions. |                  |
|---|---|---|------------------|
|   | Business Name   | Social Security Number/<br>Federal EIN                          | Profit or (Loss) |
| 1.                                      |   |   |                  |
| 2.                                      |   |   |                  |
| 3.                                      |   |   |                  |
| 4.                                      | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) |   | 4.               |

| <b>Part II</b> Distributive Share of Partnership Income |   | List the distributive share of income (loss) from partnership(s). See instructions. |                                       |
|---|---|---|---------------------------------------|
|   | Partnership Name  | Federal EIN   | Share of Partnership Income or (Loss) |
| 1.  |   |   |                                       |
| 2.  |   |   |                                       |
| 3.  |   |   |                                       |
| 4.  | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) |   | 4.                                    |
| 5.  | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)                    |   | 5.                                    |

| <b>Part III</b> Net Pro Rata Share of S Corporation Income |  | List the pro rata share of income (usable loss) from S corporation(s). See instructions. |   |
|--|--|--|---|
|  | S Corporation Name   | Federal EIN  | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1.   |  |  |   |
| 2.   |  |  |   |
| 3.   |  |  |   |
| 4.   | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) |  | 4.  |
| 5.   | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)                              |  | 5.  |

| <b>Part IV</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights |   | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property:<br>1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights |                                     |
|---|---|---|-------------------------------------|
|   | Source of Income or Loss. If rental real estate, enter physical address of property.                                    | Social Security Number/<br>Federal EIN  | Type – Enter number from list above |
| 1.  | 17-1-195/4/15, DOBHIGAT,  | 713690732   | 1                                   |
| 2.  |   |   |                                     |
| 3.  |   |   |                                     |
| 4.  | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) |   | 4.                                  |

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**    New Jersey Gross Income Tax    **2022**  
(Form NJ-1040)    Alternative Business Calculation Adjustment

| Part I    Income (Loss)                               |   | Column A                           |             | Column B                           |            |
|---|---|------------------------------------|-------------|------------------------------------|------------|
|   |   | 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.                                | -4,806.    |
| 5.  | Loss Carryforward From Tax Year 2021                              |                                    |             | 5b.                                | ( 8,190. ) |
| 6.  | Totals  | 6a.                                | 0.          | 6b.                                | -12,996.   |
| <b>Part II    Adjustment Calculation</b>              |   |                                    |             |                                    |            |
| 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.          |                                    |            |
| <b>Part III    Loss Carryforward to Tax Year 2023</b> |   |                                    |             |                                    |            |
| 12.   | Loss Carryforward to Tax Year 2023                                | 12.                                | ( 12,996. ) |                                    |            |

**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.

**NJ-2210  
2022**

**Underpayment of Estimated Tax  
by Individuals, Estates, or Trusts**

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

|  |                                       |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA | Social Security Number<br>713-69-0732 |
|--|---------------------------------------|

**Part I Figuring Your Underpayment**

|  |     |      |
|--|-----|------|
| 1. 2022 Tax (line 50, Form NJ-1040).....   |     | 735. |
| 2. Enter the total of lines <b>55, 56, 58, 59, 60, 61, 62, 63, 64, and 65, Form NJ-1040</b> .....      | 2.  | 125. |
| 3. Subtract line 2 from line 1 (If less than \$400, do <b>not</b> complete the rest of this form)..... | 3.  | 610. |
| 4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers) .....                | 4a. | 588. |
| 4b. Enter 2021 tax ( <b>From Form NJ-1040, line 49</b> ) .....   | b.  | 263. |

|  | Payment Due Dates     |                      |                      |                     |
|--|-----------------------|----------------------|----------------------|---------------------|
|  | (A)<br>April 18, 2022 | (B)<br>June 15, 2022 | (C)<br>Sept 15, 2022 | (D)<br>Jan 17, 2023 |
| 5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column .....   | 65.                   | 66.                  | 66.                  | 66.                 |
| 6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form ..... | 0.                    | 0.                   | 0.                   | 0.                  |
| 7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.) .....                                       |                       |                      |                      |                     |
| 8. Add line 6 and line 7 .....   | 0.                    | 0.                   | 0.                   | 0.                  |
| 9. Enter the total underpayment (add line 11 and line 12) from the previous column .....   |                       | 65.                  | 131.                 | 197.                |
| 10. Subtract line 9 from line 8. If zero or less, enter zero .....   | 0.                    | 0.                   | 0.                   | 0.                  |
| 11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero .....   |                       | 65.                  | 131.                 | 197.                |
| 12. <b>Underpayment</b> (If line 5 is greater than line 10, subtract line 10 from line 5).....   | 65.                   | 66.                  | 66.                  | 66.                 |
| 13. <b>Overpayment</b> (If line 10 is greater than line 5, subtract line 5 from line 10).....  |                       |                      |                      |                     |

**Part II Exceptions**

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

**If you meet exception 1 at line 15, do not file this form.** These amounts will be verified by the Division of Taxation.

|  | April 18, 2022 | June 15, 2022          | Sept 15, 2022           | Jan 17, 2023            |
|--|----------------|------------------------|-------------------------|-------------------------|
| 14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2022.) (See instructions)..... | 0.             | 0.                     | 0.                      | 0.                      |
| 15. Exception 1 – Enter 2021 tax (line 49) .....   | \$ 263.        | 25% of 2021 Tax<br>66. | 50% of 2021 Tax<br>132. | 75% of 2021 Tax<br>197. |
| 16. Exception 2 – Tax on 2021 gross income using 2022 exemptions and tax rates .....   |                | 25% of Tax<br>526.     | 50% of Tax<br>1,053.    | 75% of Tax<br>1,579.    |
| 17. Exception 3 – Tax on annualized 2022 income .....  |                | 20% of Tax             | 40% of Tax              | 60% of Tax              |
| 18. Exception 4 – Tax on 2022 income over 3, 5, and 8-month periods .....  |                | 90% of Tax             | 90% of Tax              | 90% of Tax              |

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

|   |              |        |
|---|--------------|--------|
| 19. <b>Total Interest</b> (Include this amount on line 52, Form NJ-1040)..... | See 2210 Wks | \$ 17. |
|---|--------------|--------|

**NJ-2210**

**2022**

**Worksheets**

**Exception II Tax on 2021 gross income using 2022 exemptions and tax rates**

|  |    |         |
|--|----|---------|
| 1. Enter 2021 NJ Gross Income (line 29, 2021 NJ-1040).....   | 1. | 89,768. |
| 2. Enter 2022 Total Exemptions (line 30, 2022 NJ-1040).....  | 2. | 1,458.  |
| 3. Subtract line 2 from line 1.....  | 3  | 88,310. |
| 4. Calculate Tax on line 3 (2022 tax rates).....   |    | 2,105.  |
| 5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2022 NJ-1040).....                            |    |         |
| 6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form..... |    | 2,105.  |

**Exception III Tax on 2022 Annualized Income (attach calculations)**

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

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

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

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

## Interest Computation Worksheet

**2022**

▶ Attach to Form NJ-2210 or NJ-2210NR

|  |   |
|--|---|
| Name as Shown on Return<br><u>MALLAM RAJU GOUD &amp; GAJAGOUNI DEEPIKA</u> | Social Security No.<br><u>713-69-0732</u> |
|--|---|

**Option 1**

|  | A                                  | B  | C                    | D                                  | E                  | F               | G                   |
|--|------------------------------------|--|----------------------|------------------------------------|--------------------|-----------------|---------------------|
| Period   | Amount Due<br>(line 5,<br>NJ-2210) | Balance Due<br>Previous<br>Quarter<br>(column E) | Total Due<br>(A + B) | Total Paid<br>(line 6,<br>NJ-2210) | Balance<br>(C - D) | Multi-<br>plier | Interest<br>(E x F) |
| <b>1</b> 4/15 - 6/15                           |                                    |  |                      |                                    |                    | .010            |                     |
| <b>2</b> 6/16 - 9/15                           |                                    |  |                      |                                    |                    | .019            |                     |
| <b>3</b> 9/16 - 1/15                           |                                    |  |                      |                                    |                    | .031            |                     |
| <b>4</b> 1/16 - 4/15                           |                                    |  |                      |                                    |                    | .025            |                     |
| <b>5</b> Total interest for Option 1 . . . . . |                                    |  |                      |                                    |                    | <b>5</b>        |                     |

**Option 2**

|  | (a)<br>4/15/2022  | (b)<br>6/15/2022  | (c)<br>9/15/2022  | (d)<br>1/15/2023  |           |            |
|--|-------------------|-------------------|-------------------|-------------------|-----------|------------|
| <b>1</b> Payment due dates ▶   |                   |                   |                   |                   |           |            |
| <b>1</b> Payment date . . . . .  | <u>04/18/2023</u> | <u>04/18/2023</u> | <u>04/18/2023</u> | <u>04/18/2023</u> |           |            |
| <b>2</b> Amount due . . . . .  | <u>65.</u>        | <u>66.</u>        | <u>66.</u>        | <u>66.</u>        |           |            |
| <b>3</b> Balance from previous<br>quarter . . . . .  |                   | <u>65.</u>        | <u>131.</u>       | <u>197.</u>       |           |            |
| <b>4</b> Balance due . . . . .   | <u>65.</u>        | <u>131.</u>       | <u>197.</u>       | <u>263.</u>       |           |            |
| <b>5 a</b> Number of months from due<br>date to payment date or<br>next quarter due date,<br>whichever is earlier . . . . .                          | <u>2</u>          | <u>3</u>          | <u>4</u>          | <u>3</u>          |           |            |
| <b>b</b> Interest rate . . . . .   | <u>.0625</u>      | <u>.0775</u>      | <u>.0925</u>      | <u>.1000</u>      |           |            |
| <b>6</b> Late payment interest.<br>(Line 4 times line 5a times<br>line 5b divided by 12.)<br><b>If line 1 is blank, skip<br/>lines 7 through 10.</b> | <u>1.</u>         | <u>3.</u>         | <u>6.</u>         | <u>7.</u>         |           |            |
| <b>7</b> Payment amount . . . . .  | <u>0.</u>         | <u>0.</u>         | <u>0.</u>         | <u>0.</u>         |           |            |
| <b>8</b> Underpayment amount . . . .   | <u>65.</u>        | <u>131.</u>       | <u>197.</u>       | <u>263.</u>       |           |            |
| <b>9 a</b> Number of months from<br>payment date to next<br>quarter due date . . . . .   | <u>0</u>          | <u>0</u>          | <u>0</u>          | <u>0</u>          |           |            |
| <b>b</b> Interest rate . . . . .   | <u>.0625</u>      | <u>.0775</u>      | <u>.0925</u>      | <u>.1000</u>      |           |            |
| <b>10</b> Underpayment interest.<br>(Line 8 times line 9a times<br>line 9b divided by 12.)   | <u>0.</u>         | <u>0.</u>         | <u>0.</u>         | <u>0.</u>         |           |            |
| <b>11</b> Total interest for Option 2. Add lines 6 and 10, columns (a) through (d) . . . . .   |                   |                   |                   |                   | <b>11</b> | <u>17.</u> |

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

|   |                                    |
|---|------------------------------------|
| Name as Shown on Return<br>MALLAM RAJU GOUD & GAJAGOUNI DEEPIKA | Social Security No.<br>713-69-0732 |
|---|------------------------------------|


**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.

- 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.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . .  \_\_\_\_\_



| Name               | SSN   | Jan   | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |