Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Internal Revenue Service Control of the latest mornations	•	
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
VAMSHI ANNASARAPU	290-75-	2518
Spouse's name	Spouse's socia	al security number
	nter year you ar	e 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.	ı	110 040
1 Adjusted gross income	+	1 118,048.
2 Total tax		2 19,059.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+	3 22,735.
4 Amount you want refunded to you	+	4 3,676.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended).	he U.S. Treasury an t indicated in the tau titution to debit the or inate the authorizat requests must be in the processing of the payment. I furth	d its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of ner acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	5	2 5 1 8
X I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN Ente	er five digits, but
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Your signature ► Date	>	
Consider DINIs about and how only		
Spouse's PIN: check one box only	DIN DIN	
I authorize to enter or gener to enter or gener		as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Chausa's signature N		
Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only	310 W	
Certification and Addientication — Practitioner File 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 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retur	n in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction:	·	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Married filing separately, \$12,950 Standard deduction or itemized deductions (from Schedule A) Married filing jointly or Qualifying surviving spouse, \$25,900 10 Standard deduction or itemized deductions (from Schedule A) Married filing jointly or Qualifying surviving spouse, \$25,900 10 Standard deduction or itemized deductions (from Schedule A) Married filing jointly or Qualifying surviving spouse, \$25,900 10 Standard deduction or itemized deductions (from Schedule A) Married filing jointly or Qualifying surviving spouse, \$25,900 10 Standard deduction or itemized deductions (from Schedule A) Married filing jointly or Qualifying surviving spouse, \$25,900 10 Standard deduction or itemized deductions (from Schedule A) 11 12 12 12 12 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18	Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n	_	ed filing separately (Nour spouse. If you c		_				spou	lifying s use (QS name i	S)				
VAMSHI		pers	on is a child but not your dependent	t:													
Figure 1	Your first name	and mi	iddle initial	Last na	me					Y	our so	cial secu	urity r	ıumber			
Age Presidential Bection Campaign Presidential Preside	VAMSHI			ANNA	SARAPU					2	290-75-2518						
City, lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code To State ZIP code ZIP code To State ZIP code	If joint return, s	pouse's	s first name and middle initial	Last na	me					SI	oouse'	s social	secur	ity number			
State City, town, or post office, if you have a foreign address, also complete spaces below. State ZIP code S0129 South Storm (Checking a box below will not change Foreign pount years Foreign pout Foreign pout Foreign pout South Standard Total amount from Form (S) Vea Show below will not change Standard South Sta	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	Apt. no.	+							
Littribut Litt	2316 ESI	PINOS	SA PL														
Foreign country name Foreign province/state/country You Spouse You Spouse You Spouse You Were born before a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No	City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP c	ode			Ο,	•				
Digital Assets	LITTLET	N				CC)	801	.29	b	ox belo	ow will r	not ch				
Digital Assets A	Foreign country	y name		F	Foreign province/state/	count	у	Foreig	n postal co	de yo	our tax		_	Snouse			
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	erty or	services)	or (b)	sell,						
Standard Deduction								-				☐ Ye	s [⊠ No			
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security number (3) Relationship to you Child tax credit Credit for other dependents Child tax credit Child tax credit Child tax credit Child ta	Standard	Som	eone can claim: You as a de	pendent	t Your spous	e as	a dependent	<u> </u>	<u> </u>								
Comparison Com	Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien											
If more (1) First name Last name number 10 you Child tax credit Credit for other dependents Cr				958	Are blind Spe	ouse:	Was bor										
Innormal dependents, see instructions and check here	Dependent	•	,			<i>'</i>		nip (4	•		· .			,			
dependents, see instructions and check here		(1) Fi	irst name Last name		number		to you		Child ta	x cred	it	Credit for	other	dependents			
see instructions and check here									L				Щ				
Income In Total amount from Form(s) W-2, box 1 (see instructions) Household employee wages not reported on Form(s) W-2. Household employee wages not reported on Form(s) W-2. Tip income not reported on line 1 a (see instructions) In Medicaid waiver payments not reported on Form(s) W-2. Household employee wages not reported on Form(s) W-2. In Medicaid waiver payments not reported on Form(s) W-2. Household employee wages not reported on Form(s) W-2. Household experiments from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 6 Employer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 6 Employer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 6 Employer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 6 Employer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 6 Employer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 26 Land dividends Land div		s —							L				<u> </u>				
Income	. –								L				_H				
Attach Form(s) W-2 here, Also attach Forms W-2 and W-2G and 1099-R if tax was withheld. If you didn ot get a Form W-2, see instructions. Z Hother Earned income (see instructions) Attach Form Bassa (see instructions) W-2 (see instructions) 1 d D Household employee wages not reported on Form(s) W-2 (see instructions) 1 d D Household employee wages not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household employee wages not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form(s) W-2 (see instructions) 1 d D Household advance payments not reported on Form Sends payments payments payments payments payments not reported on Form Sends payments	<u>_</u>		T.1 (\)Wol	4 /					L		\perp						
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W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form h Other earned income (see instructions) V-2, see instructions. In the combat pay election (see instructions) In the combat pay election (see instructions) In the combat pay election (see instructions) It is a did lines 1a through 1h Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b a Qualified dividends 3a Deduction for Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing surviving spouse, \$25,900 Married filing surviving spouse, \$25,900 Married filing lointly or Qualifying surviving spouse, \$25,900 Married filing surviving spouse, \$25,900 Married filing lointly or Qualifying 15 Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deduction for Schedule A) Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deductions (from Schedule A) Subtract line 10 from line 9. This is your algas enter -0. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income Subtract line 14 from line 11 from line senter -10. This is your taxable income	٠,		·														
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W-2, see instructions. Instructions Instructio	•		,														
Add lines 1a through 1h	•	:	`	,			1	. .			111						
Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b if required. 3a Qualified dividends . 3a b Ordinary dividends . 3b 4a IRA distributions . 4a b Taxable amount . 4b Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 12 and 13 Qualified dividends . 3a b Ordinary dividends . 3b B Taxable amount . 4b B Taxable amount . 5b B Taxable amount . 6b Social security benefits . 6a b Taxable amount . 6b If you elect to use the lump-sum election method, check here (see instructions)	instructions.	,			uctions)		!!	<u> </u>			1-		127	545			
if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions	Attach Soh D		· · · · · · · · · · · · · · · · · · ·	. 1		h Ta	 ovahla intaras	+						<u>, 5 1 5 .</u>			
Taxable amount Ab Ab Ab Ab Ab Ab Ab A													-				
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Comparison of the comparison	Standard		_														
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Married filing jointly or Qualifying surviving spouse, \$25,900	separately,		·			•	•			. 🗆	7						
jointly or Qualifying Spouse, \$25,900 Head of household, \$19,400 Household, \$10 Househ			,									1	-9	.497.			
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 11 118,048 12 12 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12 12,950. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	jointly or																
Head of household, \$19,400 If you checked any box under Standard Deduction, Description Line 10 from line 9. This is your adjusted gross income	surviving spouse,				=									<u>,</u>			
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)	\$25,900 Head of		•										118	,048.			
Till you checked any box under Standard Deduction, Deduction, Deduction, Description, Descriptio	household,			-	-												
any box under Standard 14 Add lines 12 and 13	If you checked						5-A				13						
Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income 15 1.05.098		14									14		_12	<u>,9</u> 50.			
	Deduction,	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our t	axable incom	ne .			15						

	Page 2
16	19,059.
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18 19	19,059.
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22	19,059.
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250	22,735.
26	
32	
33	22,735.
34	22,735. 3,676. 3,676.
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avings	
37	

Credits 17 Amount from Schedule 2, line 3 Add lines 16 and 17 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credit 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number 0 8 1 0 0 0 0 3 2 Direct deposit? b **c** Type: X Checking See instructions. Account number 3 5 5 0 0 7 8 2 4 2 9 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See Yes. instructions Designee Designee's Phone 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (660)238-2758Email address VAMSHIA26@GMAIL.COM Preparer's name PTIN Check if: Preparer's signature Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only 84-3171965 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Firm's EIN

2 4972

3

Tax (see instructions). Check if any from Form(s): 1 8814

Form 1040 (2022)

Tax and

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SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	lame(s) shown on Form 1040, 1040-SR, or 1040-NR Your so				
VAMS	HI ANNASARAPU		290-7	75-25	518
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	ı
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	E .	5	-9,497.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				1
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m		-	
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80		-	
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q		-	
r	Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form	8r			
S	1040, line 1a or 1d	8s (١		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (_	
t	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	Ou			
_	other moonie. List type and amount.	8z			
9	Total other income. Add lines 8a through 8z			9	ı

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

-9,497.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	F	24i	-	
j	<u> </u>	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	na_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury

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

Attachment Sequence No. 13

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social security number 290-75-2518 VAMSHI ANNASARAPU

Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instruc	ctions. If you	are an indivi	dual, repo	ort farm	
	Did you make any payments in 2022 that would require you		٠,							
	f "Yes," did you or will you file required Form(s) 1099? .							<u> </u>	S IN	0
1a	Physical address of each property (street, city, state, ZII									
Α_	4-11-133, RAMAIAH GUDA VIKARABAD TELAN	NGAN	A IN 5	01101						
В										
C	To a CD was to D. Francisk workel and a state was	and the	LI		-	'- Destal	D			
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				Fa	ir Rental Days	Persona Day		QJV	!
Α	gersonal use days. Check the Q			Α		295	24,	0		
В	if you meet the requirements to			В						
С	qualified joint venture. See instru	uctions	3.	С						
уре	of Property:						I			
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Lan 6 Roy			Self-Rental Other (desc	ribe)			
						Propert				
ncon	ne:			Α		В			С	
3	Rents received	3		6:	10.					
4	Royalties received	_								
xper										
5	Advertising	5								
6	Auto and travel (see instructions)									
7	Cleaning and maintenance	7		9.	57.					
8	Commissions	8								
9	Insurance	_								
10	Legal and other professional fees									
11	Management fees			1,2	06.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	_		2 F	<u> </u>					
14 15	Repairs			2,5 3,4						
16	Supplies	16		J, 4.	JZ.					
17	Utilities	17		1,9	24					_
18	Depreciation expense or depletion	_		1/0						_
19										
20	Other (list) Total expenses. Add lines 5 through 19	20		10,1	07.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			· · ·						
	result is a (loss), see instructions to find out if you must file Form 6198			-9,4	97.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,49	7.)	()(
23a	Total of all amounts reported on line 3 for all rental proper			+	23a		610.			
b	Total of all amounts reported on line 4 for all royalty prop			[23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties			+	23d					
е	Total of all amounts reported on line 20 for all properties				23e),107.			
24	Income. Add positive amounts shown on line 21. Do no		-						0 10-	
25	Losses. Add royalty losses from line 21 and rental real esta								9,497	<u>.</u>
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also en	iter th	is amount o			-9,49	7



DR 8454 (01/26/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005

Tax.Colorado.gov
Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado				For Tax Year (MM/DD/YY)				or Fiscal	IM/DD/YY)				
Depar	tment of Revenue. Ret	ain with your r	ecords.	12/31/	22								
Tax Typ	ре												
X	Individual Income (DR 0104)	Corporate I	ncome		nership/S- 0106)	Corp Inc	come)		Fiduc DR 0		ncome	
Taxpay	er Last Name or Business Nar	me	First Na	me or Busine	ess DBA if di	fferent fro	m Bu	siness Na	ame			Middle Initia	ıl
ANNA	SARAPU		VAMSE	ΗI									
Spous	e's Last Name (if applicable)		First Na	me								Middle Initia	ıl
Taxpay	er SSN or ITIN		Spouse S	SSN or ITIN	(if applicable)			FEII	N			Ī
290-	75-2518					•							
Taxpay	ver or Business Address				City					State	ZIP		Ī
2316	ESPINOSA PL APT 2	207			LITTLE'	TON				СО	80:	129	
		Par	t I — Tax	Return li	nformatio	n							-
1 Tota	al Income from your fede						1	\$				118048	_
2 Tayable Income (or allowable deduction) from your federal return (see instructions								105098					
	orado Tax from your Col						3	\$				4624	
	orado Tax Withheld or Panore information)	ayments, from yo	ur Colora	ado return	(see instru	uctions	4	\$				5613	
					of Tax Pay								_
Federal/0	enalties of perjury, I declare that the Colorado income tax returns, and the and that I (or my Electronic Return s, and attachments upon request be	nat said tax returns, state n Originator (ERO) if app	ments, scheo licable) may	dules and attac be required to	chments are tru provide pape	ue, correct, a r copies of	and co this de	mplete to teclaration,	the be my re	st of my turns, v	/ knowl vithholo	ledge and belief ding statements	f.
Signatu				, ,	3 - 4			e (MM/DD/Y					
Spouse	e's Signature (If Joint Return, B	Soth Must Sign)					Date	e (MM/DD/Y	Y)				
,		Part III — Dec	claration	of ERO/F	Preparer/T	ransmit	ter						-
	If the transmitter did not	prepare the tax i	return, ch	neck here									
If I am no	ot the preparer, I declare only that t	the amounts shown in Pa	art I above a	gree with the a	amounts showr	n on the tax	payer'	s Federal/0	Colora	ado inco	ome tax	x returns. If I ar	_ n
taxpayer correct, a have prov of limitation	arer, under penalties of perjury I dec and the amounts shown in Part I at and complete to the best of my kno vided the taxpayer with copies of a ons, and to provide paper copies of at any time during this period.	pove agree with the amount wledge and belief. As provided in the same of the same and information	unts shown o eparer, I furt filed. I also a	on said tax retu her declare tha agree to maint	rns, and that sa at I have obtair ain this signed	aid tax returned the taxp Form (DR 8	ns, sta payer's 8454)	tements, s signature for the per	chedu on th	ules, an is form overed b	d attacl at the t by the 0	hments are true time of filing and Colorado statute	e, d
	Signature Signature				Prepa	arer Identi	ficatio	n Numbe	er, Yo	ur SSN	۱, or ۱۱	ΓΙΝ	Į
SYAM	PRIYA RAM SAGAR G	GUPTA TALLAM			P02	2082703	3						_
				Date (MM/DD/YY)							-		
Check if also Preparer ⊥x					04/	05/23							





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
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(0013)

2022 Colorado Individual Income Tax Return

	r or Nonresident (or reside dent combination) *Mus			0104	4PN		k if Abı instruc	road on due	date -	-
Your Last Name	done combination, was		rst Nam						Mie	ddle Initial
ANNASARAPU		VAMS	SHI							
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	sed							
09/26/1994	290-75-2518				the DF	R 0102 and	death	a refund, yo certificate w	ith you	
Enter the following information driver license or state identific		State of CO	f Issue		9166		D numb	Date of Issue		
If Joint, Spouse's Last Name		Spouse	's First I	Nam	е				Mic	ddle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	sed							
					the DF	R 0102 and	death	a refund, yo certificate w	ith you	
Enter the following information	n from vour spouse's	State o	f Issue		Last 4	characters of I	D numb	er Date of Issu	uance	
current driver license or state	identification card.									
Mailing Address							P	hone Number		
2316 ESPINOSA PL APT 2	207							(660)238-2	2758	
City			State	ZIF	Code		Foreig	ın Country (if a	pplicable	e)
LITTLETON			CO	80	0129					
To see if you or members	•	•						_		c if:
AND	esident and at least one	•	•						Ū	
	the Colorado Department Colorado Health Benefit									
								Round To The	e Neare	st Dollar
1. Enter Federal Taxable Inco		come ta	ax forr	n:		• 1			1050	00
Include W-2s and 1099s with (<u> </u>				00
	Additions to	Federa	al Taxa	able	Incor	ne				
2. State Addback, enter the s				fede	eral for	m 1040,				
1040 SR, or 1040 SP sche	dule A, line 5a (see inst	ructions	s)			• 2				0.0
3 Qualified Rusiness Income	Deduction Addhack (se	inetrı عد	uctions	2)		• 3				0.0



DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 2 of 4

Name		SSN or ITIN	
VAMSHI ANNASARAPU		290-75-2518	
4 Harriand Deduction addlesses (see instructions)			0.0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• 4		0.0
5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program			0 0
Contribution (see instructions)	• 5		00
6. Other Additions, explain (see instructions)	• 6		0 0
Explain:			10.0
7. Subtotal, sum of lines 1 through 6	7	105098	3 00
Colorado Subtractions	<i>I</i>	I	100
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the			
	● 8		0.0
•		10509	
	• 9		00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and pa	rt-ye	ear DR 0104PN Schedule	
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		462	1 .
	• 10		00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the	44		0.0
DR 0104AMT with your return.	• 11		0.0
12. Recapture of prior year credits	• 12		0 0
		462	4
13. Subtotal, sum of lines 10 through 12	13		00
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and	ı		0 0
cannot exceed line 13, you must submit the DR 0104CR with your return. 15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the	• 14		00
DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you mus	t		
·	• 15		0.0
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot			
	• 16		00
		4624	1
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	4024	00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the			
DR 0104US with your return.	• 18		0.0
		462	1
19. Net Colorado Tax, sum of lines 17 and 18	19		00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/o	- 1	5613	3 00
1099s claiming Colorado withholding with your return.	• 20		00
21. Prior-year Estimated Tax Carryforward	• 21		0.0
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for	1		
	• 22		0 0
,			
23. Extension Payment remitted with the DR 0158-I	• 23		0 0



DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

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Name					SSN or I	ITIN	
VAMSHI ANNASARAPU	Г				290-	75-2518	
24. Other Prepayments:				• DR 1079 • 24		0	0 0
25. Gross Conservation the DR 1305G with y		it from the DR 1	305G line 33, yo	u must submit • 25		0	0 0
26. Innovative Motor Ve		tive Truck Credit	from form DR 0			0 .	, 0
submit each DR 061	17 with your retur	n.		• 26		0	0 (
27. Refundable Credits	from the DR 010	4CR line 14, you	u must submit the	i			0 0
with your return.				• 27			, 0
28. Subtotal, sum of line	es 20 through 27			28		⁵⁶¹³ 0	0 (
			AGI for TABOI				
Lines 30 through 33 29. Federal Adjusted Gr					t your Colorado		_
1040 SR line 11, or		i your lederal life	Come tax tom. 1	• 29		118048	0 (
30. Nontaxable Social S	• 30		0	0 0			
	•						
31. Nontaxable interest	income from sta	te and local bon	ds	• 31		0	0 (
32. Sum of lines 29 thro	ugh 31: Modified	I AGI for TABOR	•	32		118048	0 0
			for State Sales			Į.	
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,001 – \$268,000	\$268,001 – or more	
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486	
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972	
33. State Sales Tax Ref full-year Colorado re to file a return. Use to instructions if you ar	esidents who are the amount on lir	under the age one 32 and refere	of eighteen but a	re required		234	00
34. Sum of lines 28 and	33			34		5847	0 0
						1223	
35. Overpayment, if line	34 is greater that	an line 19 then s	ubtract line 19 fr	om line 34 35		0	0 (
36. Estimated Tax Credi	it Carryforward t	o 2023 first quar	ter, if any.	• 36		0	0 (
If you have an overpayr Colorado charity, includ				ll or a portion of y	your overpayme	ent to a qualified	d
37. Refund, subtract line	e 36 from line 35	(see instruction	S)	• 37		1223 0	00
Direct Routing Nun	mber 0 8 1 0	0 0 0 3 2	Type: X	Checking	Savings	CollegeInvest 529	}
Deposit Account Nur	mber 3 5 5 (0 0 7 8 2 4	4 2 9 3				
For questions regar	rding CollegeInves	t direct deposit or	to open an accour	nt, visit CollegeInve	est.org or call 800)-448-2424.	



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ZZUIU4 41333	•				
Name				SSN or ITIN	
VAMSHI ANNASARAPU				290-75-2	518
38. Net Tax Due, subtract line 34	from line 19	38			0 0
39. Delinquent Payment Penalty	(see instructions)	• 39			00
40. Delinquent Payment Interest		• 40			0 0
 Estimated Tax Penalty, you m (see instructions) 	ust submit the DR 0204 with you	r return. • 41			0 0
42. Amount You Owe, sum of line	s 38 through 41	• 42			
The State may convert your check to a or by the State. If converted, your check will Revenue may collect the payment amount	not be returned. If your check is rejected	due to insufficient or uncollec			
	Third Party Des	ignee			
Do you want to allow another person return and any related information win Department of Revenue? See the instance.	th the Colorado X No	Yes. Complete	e the fol	lowing:	
Designee's Name			Phone Nu	mber	
•			•		
Sign Below Under penalties of perjury	, I declare that to the best of my knowledge	ge and belief, this return is true	e, correct a	and complete.	
Your Signature				Date (MM/DD/YY	Y)
Spouse's Signature. If joint return, BOTH	must sign.			Date (MM/DD/Y)	Y)
Paid Preparer's Name		F	Paid Prepa	rer's Phone	
GLOBAL TAXES LLC			(678)	965-9522	
Paid Preparer's Address	City		State	ZIP Code	

REV 02/09/23 PRO

E BRUNSWICK

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

245 ROONEY CT

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**6**

If you are filing this return **without** a check or payment, please mail the return to:

ΝJ

08816

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.