

DO NOT MAIL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2023**

# 2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,297. |
|--|--------|

REV 01/28/23 PRO 1555

121-93-0096  
SAHITI REDDY ANNAREDDY

678 SAILORS AVE  
LEWISVILLE TX 75056

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

121930096 QD ANNA 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2023**

# 2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,297. |
|--|--------|

REV 01/28/23 PRO 1555

121-93-0096  
SAHITI REDDY ANNAREDDY

678 SAILORS AVE  
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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2023**

# 2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,297. |
|--|--------|

REV 01/28/23 PRO 1555

121-93-0096  
SAHITI REDDY ANNAREDDY

678 SAILORS AVE  
LEWISVILLE TX 75056

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

121930096 QD ANNA 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/16/2024**

# 2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,297. |
|--|--------|

REV 01/28/23 PRO 1555

121-93-0096  
SAHITI REDDY ANNAREDDY

678 SAILORS AVE  
LEWISVILLE TX 75056

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

121930096 QD ANNA 30 0 202312 430

# 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>SAHITI REDDY ANNAREDDY | Social security number<br>121-93-0096 |
| Spouse's name                             | Spouse's social security number       |

## 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 | 155,098. |
| 2 Total tax   | 2 | 27,950.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 25,557.  |
| 4 Amount you want refunded to you                               | 4 |          |
| 5 Amount you owe  | 5 | 2,393.   |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 0 | 0 | 9 | 6 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

 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 ▶ \_\_\_\_\_

### 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. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 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**

| IF you live in...  | THEN use this address to send in your payment...                         |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas  | Internal Revenue Service<br>P.O. Box 1214<br>Charlotte, NC 28201-1214    |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin              | Internal Revenue Service<br>P.O. Box 931000<br>Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming   | Internal Revenue Service<br>P.O. Box 802501<br>Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

2022

# Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

|  |        |
|--|--------|
| Enter the amount of your payment . . . . . ▶ | 2,393. |
|--|--------|

REV 01/28/23 PRO 1555

SAHITI REDDY ANNAREDDY  
678 SAILORS AVE  
LEWISVILLE TX 75056

INTERNAL REVENUE SERVICE  
P.O. BOX 1214  
CHARLOTTE, NC 28201-1214

Filing Status [X] Single [ ] 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:

Personal information section including name (SAHITI REDDY), last name (ANNAREDDY), social security number (121-93-0096), address (678 SAILORS AVE, LEWISVILLE, TX 75056), and marital status options.

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)? [ ] 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 for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z listing various income sources and their amounts, such as 1a Total amount from Form(s) W-2, box 1 (155,089).

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or (loss) (7), Other income from Schedule 1 (8), Total income (9), Adjustments to income (10), Adjusted gross income (11), Standard deduction (12), Business income deduction (13), and Taxable income (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> | 27,951. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 27,951. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> | 1.      |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 1.      |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 27,950. |
|                        | <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> | 27,950. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 25,557. |
|                 | <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> | 25,557. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <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>  | 25,557. |

|                                      |            |  |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--------------------------------------|------------|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <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>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <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> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X          | X | X | X | X | X | X | X | X | X |   |   |   |   |   |   |   |   |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>d</b>   | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>   | X          | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X | X | X | X | X | X | X | X | X |   |   |   |  |  |
|                                      | <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> | 2,393. |
|                       | <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 EMPLOYEE | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>         |  |  |  |  |  |  |
|   |            |                                      |   |  |  |  |  |  |  |
| Spouse's signature. If a joint return, <b>both</b> must sign. _____ | Date _____ | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |
|   |            |                                      |   |  |  |  |  |  |  |

Phone no. (405) 339-2064 Email address SAHITIANNAREDDYGARI@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>02/08/2023 | 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  
SAHITI REDDY ANNAREDDY

Your social security number  
121-93-0096

**Part I Additional Income**

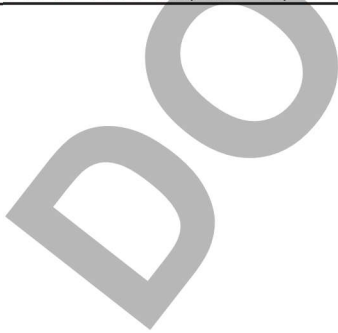
|           |   |               |           |    |
|-----------|---|---------------|-----------|----|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |    |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |    |
| <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>  | 0. |
| <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 ABL 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> | 0. |

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 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

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

Your social security number  
121-93-0096

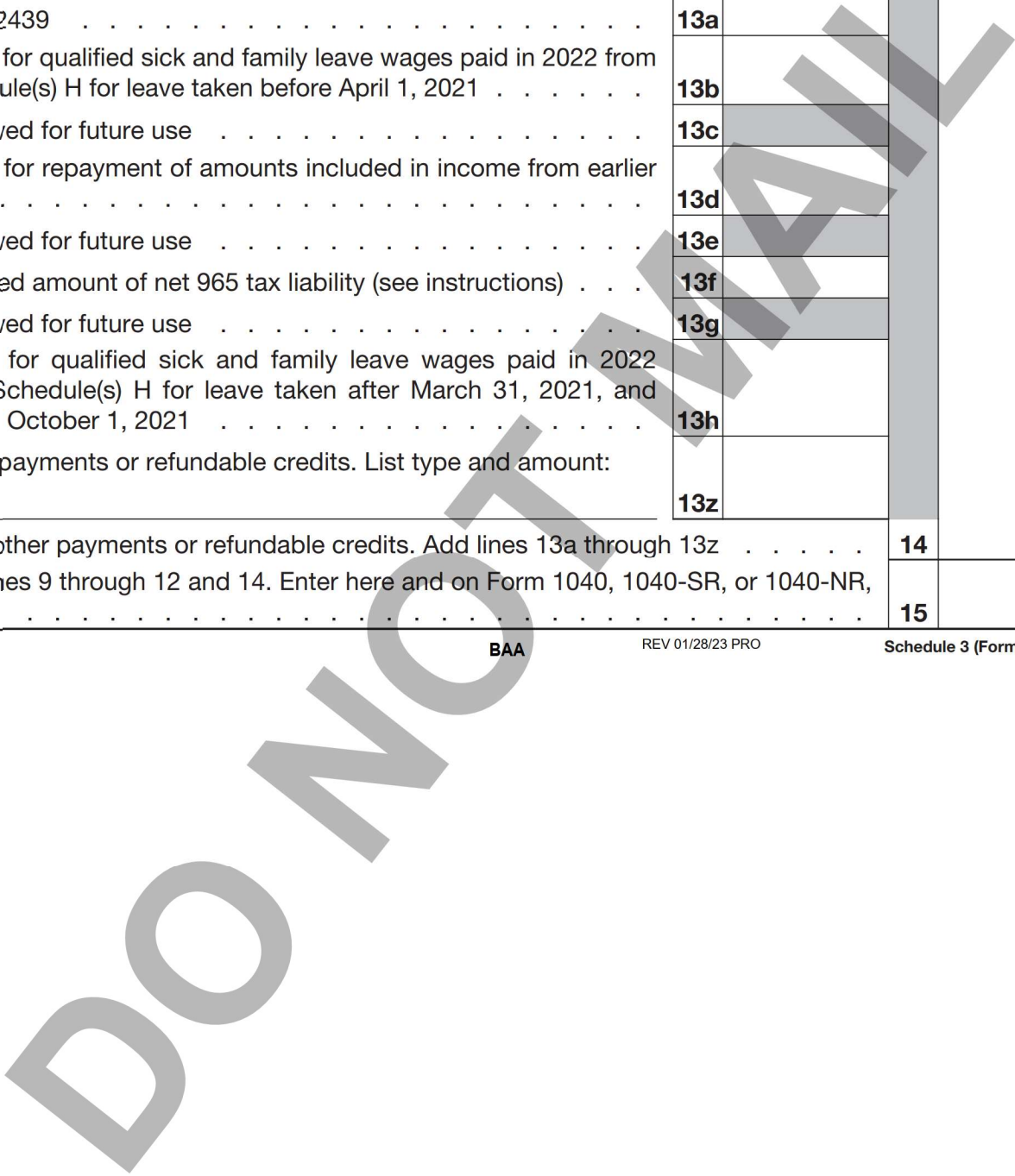
**Part I Nonrefundable Credits**

|          |  |           |    |
|----------|--|-----------|----|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  | 1. |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |    |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  |    |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |    |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |    |
| <b>6</b> | Other nonrefundable credits:   |           |    |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |    |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |    |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |    |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |    |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |    |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |    |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |    |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |    |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |    |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |    |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |    |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |    |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____   | <b>6z</b> |    |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |    |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 1. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .  |            | <b>9</b>  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .   |            | <b>10</b> |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .   |            | <b>11</b> |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .   |            | <b>12</b> |
| <b>13</b> | Other payments or refundable credits:   |            |           |
| <b>a</b>  | Form 2439 . . . . .   | <b>13a</b> |           |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .                             | <b>13b</b> |           |
| <b>c</b>  | Reserved for future use . . . . .   | <b>13c</b> |           |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .   | <b>13d</b> |           |
| <b>e</b>  | Reserved for future use . . . . .   | <b>13e</b> |           |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .   | <b>13f</b> |           |
| <b>g</b>  | Reserved for future use . . . . .   | <b>13g</b> |           |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . . | <b>13h</b> |           |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br>_____  | <b>13z</b> |           |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .   |            | <b>14</b> |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .  |            | <b>15</b> |



**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

SAHITI REDDY ANNAREDDY

Your social security number

121-93-0096

**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 form 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** PUSHPA RESIDENCY, AMBERPET HYDERABAD TELANGANA IN 500013

**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 . . . . .   | <b>3</b> 628.      |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>           |   |   |
| <b>Expenses:</b>  |                    |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>           |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>           |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 2,459.    |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>           |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>           |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>          |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,687.   |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) . . . . .  | <b>12</b>          |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>          |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,315.   |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,807.   |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>          |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,621.   |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>          |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>          |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 10,889.  |   |   |
| <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> . . . . .  | <b>21</b> -10,261. |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 0. )   |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 628.    |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>         |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>         |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>         |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 10,889. |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 0. )   |   |   |
| <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 . . . . . | <b>26</b> 0.       |   |   |

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service

See separate instructions.  
Attach to Form 1040, 1040-SR, or 1041.  
Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

SAHITI REDDY ANNAREDDY

Identifying number

121-93-0096

**Part I 2022 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |     |           |
|--|-----------|-----|-----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> |     |           |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( ) |           |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( ) |           |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  |           |     | <b>1d</b> |

**All Other Passive Activities**

|   |           |              |                    |
|---|-----------|--------------|--------------------|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> | 0.           |                    |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | ( -10,261. ) |                    |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | ( )          |                    |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   |           |              | <b>2d</b> -10,261. |

|  |          |  |          |
|--|----------|--|----------|
| <b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . . | <b>3</b> |  | -10,261. |
|--|----------|--|----------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |          |    |
|--|----------|----|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> |    |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> |    |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions<br><b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | <b>6</b> |    |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> |    |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions   | <b>8</b> |    |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .  | <b>9</b> | 0. |

**Part III Total Losses Allowed**

|  |           |    |
|--|-----------|----|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .   | <b>10</b> | 0. |
| <b>11</b> <b>Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> | 0. |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

| Name of activity                                    | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c |                          |                        |                              |                      |          |

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

| Name of activity                                    | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
| PUSHPA RESIDENCY, AMBERPET                          | 0.                       | 10,261.                |                              |                      | 10,261.  |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c | 0.                       | 10,261.                |                              |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|---|----------|-----------|-----------------------|--|
|                  |   |          |           |                       |  |
|                  |   |          |           |                       |  |
|                  |   |          |           |                       |  |
|                  |   |          |           |                       |  |
| <b>Total</b>     |   |          | 1.00      |                       |  |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity           | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Unallowed loss |
|----------------------------|---|----------|------------|--------------------|
| PUSHPA RESIDENCY, AMBERPET | E Ln 22   | 10,261.  | 1.00000000 | 10,261.            |
|                            |   |          |            |                    |
|                            |   |          |            |                    |
|                            |   |          |            |                    |
| <b>Total</b>               |   | 10,261.  | 1.00       | 10,261.            |

**Part VIII Allowed Losses.** See instructions.

| Name of activity           | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|----------------------------|---|----------|--------------------|------------------|
| PUSHPA RESIDENCY, AMBERPET | E Ln 22   | 10,261.  | 10,261.            | 0.               |
|                            |   |          |                    |                  |
|                            |   |          |                    |                  |
|                            |   |          |                    |                  |
| <b>Total</b>               |   | 10,261.  | 10,261.            | 0.               |