### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taypayar'a nama

Internal Revenue Service

тахрауе	er's name	Social security number				
SAT	ISH REDDY PADURI	720-13-2673				
Spouse's name Spouse's social security nur						
TEJ	ASWINI RAGI	670-91-7636				
Part	I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r 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	<b>1</b> 65,567.				
2	Total tax	<b>2</b> 2,350.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · <b>3</b> 11,133.				
4	Amount you want refunded to you	<b>4</b> 8,783.				
5	Amount you owe	5				

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

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

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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	J Z	-
				ERO firm name			ive digits, but nter all zeros
	signature or	n the incom	e tax reti	urn (original or amended) I am	1 now authorizing.		

ature on the income tax i	raturn (original or	r amondod) I ar	n now outhorizing
alure on the income lax i	return tonginal of	i amenueu) i ai	II HOW AULHOHZING.

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

P.SatishRed

to enter or generate my PIN

Date 🕨

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Ent					

3

as my

2

02/27/2023

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

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

Spouse's signature FigaswiniRagi	Date		02	12	7/2	02	3	
Practitioner PIN Method Returns Only—continue below								
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN	. 2	2		-	66		98	9

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

ERO's signature	ERO's	signature	►
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Date Þ	
ERO Must Retain This Form — See Instructions	
Don't Submit This Form to the IRS Unless Requested To Do So	

Filing Status       Oracle Anigo       Outsifying surviving spontance (MFS)       Head of household #00H)       Outsifying surviving spontance (GS)         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 surviving spontance in a child built only your dependent.       Your social security number         Your fina name and middle initial       Last name       Your social security number         SATISH REDDY       PADURI       Your social security number         TSDASHINI       RAGI       Act no       Presidential Electron Campite Papers below.         TSD ASHINI       No       RAGI       Act no       Presidential Electron Campite Papers below.         Statust City, town, or part office. Typu Tave a foreign address, also complete spaces below.       State       ZIP code       Spouse' is cold in the papers of the city ou trave a foreign address, also complete spaces below.         State       ZIP code       State       ZIP code       Spouse' is cold address, also complete spaces below.       State       ZIP code       Spouse' is cold address, also complete spaces below.       State       ZIP code       Spouse' is cold address, also complete spaces below.       State       ZIP code       Spouse' is cold address, also complete spaces below.       State       ZIP code       Spouse' is cold address, also complete spaces below.       State       Yeu       Spouse' is c	<b>1040</b>		rtment of the Treasury—Internal Revenue Service <b>5. Individual Income Tax</b>		ı <b>rn</b>	202	2	OMB No. 1545-	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
SATISH RSDY     PADURI     720-13-2673       Hjørt rutn, spose's first name and middle initial     Last name     Spouse's social security number       EVANNINT     RAGT     670-91-7636       Home address (number and street), Hyou have a foreign address, also complete sposes below.     Apt. no.     Presidential Election Campaign       City, town, or post office, Hyou have a foreign address, also complete sposes below.     State     2P code     Presidential Election Campaign       Foreign country name     Foreign province/state/country     Foreign postal code     You	Check only	lf yo	u checked the MFS box, enter the na	ame of yo	•						spo	use (QSS)	0
If joint etum, spouse's first name and middle initial       Ex an arme       PAG I       670-91-7636         TE JASKINI       Apt. no.       Apt. no.       Apt. no.       Apt. no.         215 SOUTIMEN LN       Source filling joint wave a foreign address, also complete spaces below.       State       210 code       Tim address, also complete spaces below.       State       210 code       Tim address, also complete spaces below.       State       210 code       Tim address, also complete spaces below.       State       210 code       Tim address, also complete spaces below.       State       210 code       Signal       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, work how will not change spaces code a digital asset (7 components).       You       Spaces         Standard       Someone can claim:       You space a dependent       You space a dependent       You space a dependent       Getek the box if qualities for fee instructions).       Yes       No         If more and chack       (i) First name       Last name       (i) Social security       (i) plastoraria       (ii) code instructions).       Iii       -	Your first name	and mi	ddle initial	Last nam	ne						Your so	cial securit	ty number
TEUASWINI         RAGI         670-91-7636           Home address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign Or City, town, or post office. If you have a foreign address, also complete spaces below.         State         ZIP code, here if you or your space if filing jointly, want 38           Persident HLL         TN         371.74         Spotset office. If you have a foreign address, also complete spaces below.         State         ZIP code, here if you or your spotset if ling jointly, want 38           Digital Assets         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         You         Spouse           Standard         Someone can callim. (-) You as a dopendent of more than four dependents.         Spouse itemizes on a separate return or you were a dual-status allen         Age/Bindness You: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         Table foreint_obind property (c) Pleationalip         (a) Check the bid you           Dependents         (see instructions):         (g) Social security         (g) Pleationalip         (b) Check the of you         (b) Check the of you           In Corme         Las name         number         (g) Pleationalip         (g) Check the bid you           Medicald waiver payments not reported on Form(s) W-2.         1a         74,572.         1b         1a           Medicald wa	SATISH R	EDDY	ζ	PADUF	RI						720-	13-267	3
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215       SOUTHMEN I.N       Check new if you rave a foreign address, also complete spaces below.       State       ZIP code       Check new if you rave a foreign address, also complete spaces below.       State       ZIP code       Trant 371.74       State       Trant 371.74       Trant 37	TEJASWIN	I		RAGI							670-	91-763	6
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Cuty, torup, to pose to the upon target a totegin address, asso complete spaces betw.       Date       27 Oue       to go to this fund. Checking a box below will not change you tax or refund.         Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset) (See instructions).       Yes       No         Standard Deduction       Spouse itemizes on a separate return or you ware a dual-status alien       Spouse itemizes on a separate return or you ware a dual-status alien       (9) Check the box if qualifies for (see instructions);         If more it more dependents       (see instructions);       (g) First name       Last name       (g) Calial socurity       (g) Relationship       (hock the box if qualifies for (see instructions);         If more it and check	215 SOUT	HMEN	J LN										
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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). Uves X No         Standard Deduction       Someone can claim:       You is a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (a) Relationship       (d) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       74, 572.         Intermet       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       74, 572.         Intermet       attach formed       1a       74, 572.       1b       1c         If was withheld.       9       Oxdee instructions).       1a       74, 572.         If was withheld.       9       Oxdee instructions).       1a       74, 572.         If was withheld.       9       Oxdee instructions).       1a       74, 572.         If was withheld.       9       Oxdee instructions).       1a	Foreign country	name		Fo	oreign pro	vince/state/c	oun	ty	Foreig	n postal code	your tax	k or refund.	
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Itechnic       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1       1         get a Form       h       Other earned income (see instructions)       1i       1       1       0.         y-2, see       i       Nontaxable combat pay election (see instructions)       1i       1       1       1       74, 572.         Attach Sch. B       2a       La       b       Taxable amount       4b       5b       5b <td></td> <td>10</td> <td>Total amount from Form(s) W-2 b</td> <td>ov 1 (see</td> <td>instructi</td> <td>0000)</td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td></td>		10	Total amount from Form(s) W-2 b	ov 1 (see	instructi	0000)					10		
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 fare. Also attach Forms       d       Medicaid waiver payments not reported on Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Mages from Form 8919, line 6       1g       1g         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.         W-2, see       instructions.       1i       1z       74, 572.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Social security benefits       6a       b       Taxable amount       6b         Standard       Ga       Other income from Schedule 1, line 10       7       5b       6b         512,950       Ad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.       10         ************************************	Income			•		,							14, 312.
W-2 here. Also attach Forms       Implification for regorded on mit algoed instructions)       Implification for regorded on mit algoed instructions)       Implification for regorded on mit algoed instructions)         W-26 and 1099-Ri ftax       e       Taxable dependent care benefits from Form 2441, line 26       Implifications)         was withheld, f       Employer-provided adoption benefits from Form 8839, line 29       Implifications)       Implifications)         get a form w-2, see instructions.       h       Other earned income (see instructions)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         a       Qualified dividends       3a       Implifications)       Implifications)       Implifications)         a       Ipsace       Standard       Defunction form       Sa       Implifications)       Implifications)       Implifications)         a       IPA elstributions       Implifications)       Implifications)	Attach Form(s)		. , .	•		,						_	
W-26 and 1099-R if tax was withheld if you did not get a form       e       Taxable dependent care benefits from Form 2441, line 26       1e         If       image: construction of the second of the seco													
109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       Wages from Form 8919, line 6       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       Tax-exempt interest       2b         Attach Sch. B       2a       b       Drawable interest       2b         If required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       Deduction for       6a       b       Taxable amount       4b       5b         Deduction for       6a       b       Taxable amount       6b       6b         Single or Married fling separately, St2,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Maried fling jointly or Qualifying       Other income from Schedule 1, line 10       10       3c       9       65, 567.         10       Szszesin       Subtract line 10 from line 9. This is your adjusted gross income       11       65, 567.       12       25, 900.         11       Gs, 567.       13 </td <td></td> <td></td> <td>., .</td> <td></td> <td>. ,</td> <td>`</td> <td>ISUL</td> <td>ictions)</td> <td>• •</td> <td></td> <td></td> <td>_</td> <td></td>			., .		. ,	`	ISUL	ictions)	• •			_	
Was withined.       Wages from Form 8919, line 6       1         If you did not       9       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a         4a       IRA distributions       4a       b       Drdinary dividends         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or       Married fling separately, \$12,950       *       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7         *12,950       *       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.         10       Standard       Deduction or temized deductions (from Schedule 1, line 26       11	1099-R if tax		•				•		• •				
In you of No. Image: a Form   W-2, see i   Nontaxable combat pay election (see instructions)   V-2, see   instructions.   Z   Add lines 1a through 1h   .   .   Attach Sch. B   2a   ad lines 1a through 1h   .   .   .   Attach Sch. B   3a   Qualified dividends   .   3a   B   .   4a   b   Tax-exempt interest   .   3a   B   .   4a    B   B    B    B    Capital gain or (loss). Attach Schedule D if required. If not required, check here   1   B   .   B    .   B    Other income from Schedule 1, line 10   .   .   .   B   .   .    B    .   .    B    .    B    Capital gain or (loss). Attach Schedule 1, line 26   .    .   .   .   B   .    .   B    .   .    B    .    .   B   .  <						,	•		• •				
W-2; see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       1z       74,572.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Ja       b       Taxable interest       2b         Attach Sch. B       3a       Ja       Ja       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         5single or       c       If you elect to use the lump-sum election method, check here (see instructions)       7       7         512,350       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -9,005.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       65,567.       10       40       40       40         19,000       11       Subtract line 10 from line 9. This is your adjusted gross income       11       65,567.			0						• •				0
Instructions.       z       Add lines 1a through 1h       1z       74,572.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Qualified dividends       3a       b       Default       3b         If required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing jointy or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointy or Qualifying surviving spouse, \$25,900       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       65, 567.         12       2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       12       25, 900.         13       Qualified business income deduction for itemized deduction	-	;		,				1					0.
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         5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.         10       11       Subtract line 10 from line 9. This is your	instructions.	-			,		•	11			1-		71 572
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.         10       Adjustments to income from Schedule 1, line 26       10       11       65, 567.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       65, 567.         11       Gs, 567.       12       Standard deduction or itemized deductions (from Schedule A)       12       25, 900.         12       Standard deduction or itemized deduction from Form 89	Attack Oak D	2	_ v	1	• •	· · · ·	ьт	· · · ·	• •			_	17,312.
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- Obduction for- • Single or Married filing separately, \$12,950       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         6b       C       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       65, 567.         10       Adjustments to income from Schedule 1, line 26       12       12       25, 900.         11       65, 567.       12       25, 900.       13       14       25, 900.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 900.         14       Add lines 12 and 13       14       25, 900.       14<			· · -									_	
Standard Deduction for-       5a       5a       b       Taxable amount								3				_	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.         10       Adjustments to income from Schedule 1, line 26       .       .       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       .       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13         14       25,900.       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .												_	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse. \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income from Schedule 1, line 26</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Subtract line 12 and 13</li> <li>Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income</li> <li>Jo</li> </ul>												_	
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -9,005.         • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65,567.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       65,567.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked ary box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       13       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       39, 667					ام ام مالم					· · ·		•	
Maried filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -9,005.         10       9       65,567.         10       4djustments to income from Schedule 1, line 26       10         11       65,567.         12       Standard deduction or itemized deductions (from Schedule A)       11       65,567.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15			,			,		,	• •	· · · L			
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65, 567.         10       Adjustments to income from Schedule 1, line 26       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       65, 567.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       25, 900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 900.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       39, 667									• •	· · · L			0 005
auryling spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       65,567.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If you checked any box under Standard       15       39,667       39,667       15       39,667	jointly or												
\$25,900       10       Adjustments to income nom obligation of the due 1, line 20       11       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       65,567.         • If you checked any box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       25,900.         • If you checked any box under standard       14       25,900.       13       14       25,900.         • If you checked any box under standard       14       25,900.       13       14       25,900.         • If you checked any box under standard       14       25,900.       13       14       25,900.         • If you checked any box under standard       15       Subtract line 14 from line 11.       15       39,667													03,36/.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         14       Add lines 12 and 13       14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       39,667.	\$25,900		•						• •				
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       39,667									• •				
any box under Standard         14         Add lines 12 and 13         14         25,900           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         39,667	\$19,400 r				•		,		· ·				25,900.
Standard         14         Add lines 12 and 13         14         25,900.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         39,667				on trom I	⊢orm 899	95 or Form	899	5-A					
	Standard			· · ·	• •	· · · ·	•		• •				
		15	Suptract line 14 from line 11. If zer	o or less,	, enter -0	) This is yo	ourt	axable incom	е.		. 15		39,667.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	4,350.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	4,350.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	2,000.
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,350.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	2,350.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 1	1,133.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>,</i>					25d	11,133.
	26	2022 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				I		32	
	33	Add lines 25d, 26, and 32. T	,	•	-			33	11,133.
Defined	34	If line 33 is more than line 24						34	8,783.
Refund	35a	Amount of line 34 you want	-				_	35a	8,783.
Direct deposit?	b	Routing number 2 2 1				_	Savings		
See instructions.		Account number 1 5 5		3 5 6					
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				Complete	below.	× No
•		signee's		Phone			sonal ident	ification	
	nai			no.			nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Declaration		,	ised on all informat	1		, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SYSTEM ENG	GINEER		e inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupati				nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.					SYSTEM ENG	GINEER	(see	e inst.)	
		one no. (203) 540-993		Email address	SATISHREDDY				
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2023	P0208		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Pho	ne no.	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	84-3171965
Go to www.irc.a	ov/Form	1040 for instructions and the late	st information						Earm 1040 (2022)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SATI	SH REDDY PADURI & TEJASWINI RAGI			720-13	3-26	573
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	
4	Other gains or (losses). Attach Form 4797			[	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				5	-9,005.
6	Farm income or (loss). Attach Schedule F.			[	6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a (		)		
b	Gambling	8b				
с	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d (		)		
е	Income from Form 8853	8e		(		
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
ĥ	Jury duty pay	8h				
i	Prizes and awards	8i				
i	Activity not engaged in for profit income	8j				
k	Stock options	8k				
1	Income from the rental of personal property if you engaged in the rental					
-	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n		8n				
ο	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
-	1040, line 1a or 1d	<b>8s</b> (		)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			(		
-	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
z	Other income. List type and amount:					
_		8z				
9	Total other income. Add lines 8a through 8z			[	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	R, or 10	040-NR, I	line 8	10	-9,005.
For Do	nonwork Poduction Act Nation, one your tax return instructions				- h - d	La 1 (Earra 1040) 0000

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	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					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV (	02/24/23 P	RO	Schedu	le 1 (Form 1040) 2022

# **Additional Credits and Payments**

OMB No. 1545-0074

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.

2022 Attachment Sequence No. 03

	ame(s) shown on Form 1040, 1040-SR, or 1040-NR Your so					
	ISH REDDY PADURI & TEJASWINI RAGI	720-	13-26	573		
Par	t I Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required			1		
2	Credit for child and dependent care expenses from Form 244	Attach				
	Form 2441		• •	2		
3	Education credits from Form 8863, line 19		3	2,000.		
4	Retirement savings contributions credit. Attach Form 8880			4		
5	Residential energy credits. Attach Form 5695			5		
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
с	Adoption credit. Attach Form 8839	6c				
d	Credit for the elderly or disabled. Attach Schedule R					
е	Alternative motor vehicle credit. Attach Form 8910					
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f				
g	Mortgage interest credit. Attach Form 8396	6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified electric vehicle credit. Attach Form 8834	6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to holders of tax credit bonds. Attach Form 8912	6k				
Т	Amount on Form 8978, line 14. See instructions	61				
z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z			7		
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040					
	line 20		• •	8	2,000.	
			(cc	ontinu	ied on page 2	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 02/24/23	PRO	Schedu	le 3 (Form 1040) 2022	

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/24/23 PRO	Schedule 3	(Form 1040) 202

SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.						OMB No. 1545-0074					
									2022		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions a							Attachment Sequence No. <b>13</b>				
						Your soci	al security				
SATI	SH REDDY P.	ADURI	& TEJASWINI RAGI						720-1	3-2673	
Part	I Income	or Los	s From Rental Real Estate a	and Ro	yalties						
	Note: If yo	ou are in t	he business of renting personal prop	erty, use	Schedul	e C. See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
Δ Γ			s from <b>Form 4835</b> on page 2, line 40 ents in 2022 that would require yo		Eorm(o)	10002 0	loo ing	tructions			
			ou file required Form(s) 1099?								
1a			ach property (street, city, state, Z		,						
	8-7-91/15	/67 <b>,</b> PH	ASE-4 KARMANGHAT, HYDE	RABAD	TELAN	GANA	IN 50	00079			
B											
 1b	Tupo of Dropo	urth ( )		a auto e li au	tod		<b>F</b> a	w Dentel	Davaav		
U.	Type of Prope (from list below		For each rental real estate prop above, report the number of fai				га	Fair Rental Days		nal Use iys	QJV
Α	3	,	personal use days. Check the	QJV bo	x only	Α		365		0	
В	-		if you meet the requirements to			B				-	
С			qualified joint venture. See inst	ructions	5.	С					
Туре	of Property:							·			
	Single Family R			ental	5 Lan	d		Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roy	alties	8	Other (descr	ibe)		
								Propertie	es:		
Incom	e:					Α		В			С
3	Rents received	1		. 3		6	23.				
4	Royalties rece	ived		. 4							
Expen	ses:										
5											
6			structions)								
7			nce			2,2	58.				
8											
9											
10 11			sional fees			1 /	69.				
12			to banks, etc. (see instructions)	. 12		±,4	09.				
13		-	· · · · · · · · · · · · · · · · · · ·								
14				. 14		1,5	07.				
15	<u> </u>			. 15			36.				
16	Taxes			. 16							
17	Utilities			. 17		2,6	58.				
18	•	expense	or depletion								
19	Other (list)										
20	-		nes 5 through 19			9,6	28.				
21			ne 3 (rents) and/or 4 (royalties). I								
			structions to find out if you mus			-9,0	05				
22			estate loss after limitation, if any			<i>,</i> 0	00.				
~~			tructions)		(	9,00	)5.)	(	)	(	)
23a		-	ported on line 3 for all rental prop				23a	<u> </u>	623.		/
b			ported on line 4 for all royalty pro				23b				
С			ported on line 12 for all propertie	-			23c				
d	Total of all amounts reported on line 18 for all properties										
е	Total of all amounts reported on line 20 for all properties										
24			amounts shown on line 21. Do n						. 24		
25			ses from line 21 and rental real est							(	9,005.)
26			te and royalty income or (loss)								
			, and line 40 on page 2 do no )), line 5. Otherwise, include this						n . <b>26</b>		-9,005.
For Da			office, see the separate instruction			PA		-9,005			form 1040) 2023

Schedule E (Form 1040) 2022

Form **8863** 

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

SATISH REDDY PADURI & TEJASWINI RAGI

Attachment Sequence No. 50 Your social security number

720-13-2673

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,					
	or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	3			-	
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
Ŭ	qualifying surviving spouse	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6			)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot	undeo	d to		6	
	at least three places)			)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the					
	conditions described in the instructions, you <b>can't</b> take the refundable America	an op	portu	nity credit;		
•	skip line 8, enter the amount from line 7 on line 9, and check this box				7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ctions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a					
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	10,800.
11	Enter the smaller of line 10 or \$10,000				11	10,000.
12	Multiply line 11 by 20% (0.20)		 I		12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or	10				
	qualifying surviving spouse	13	-	L80,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	14		65,567.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	<u> </u>				
	line 18, and go to line 19	15		L14,433.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or			·		
	qualifying surviving spouse	16		20,000.		
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			}	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)					2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see					
	instructions) here and on Schedule 3 (Form 1040), line 3				19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 02/24/2	23 PRO	Form <b>8863</b> (2022)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

SATISH REDDY PADURI & TEJASWINI RAGI

CAUT	Complete Part III for each student for whom credit or lifetime learning credit. Use addition				
Par	t III Student and Educational Institution Information	n. See instructions			
	Student name (as shown on page 1 of your tax return) TEJASWINI RAGI	21 Student social security number (as s your tax return) 670-91-7636	shown on page 1 of		
22	Educational institution information (see instructions)				
	Name of first educational institution	b. Name of second educational institut	ion (if any)		
	CLEVELAND STATE UNIVERSITY				
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.			
	2121 EUCLID AVENUE				
	CLEVELAND OH 44115				
(	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2022?	(2) Did the student receive Form 1098 from this institution for 2022?	3-T 🗌 Yes 🗌 No		
(	<ul> <li>(3) Did the student receive Form 1098-T from this institution for 2021 with box Yes No 7 checked?</li> <li>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?</li> </ul>				
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	<ul> <li>(4) Enter the institution's employer identify you're claiming the American oppichecked "Yes" in (2) or (3). You can 1098-T or from the institution.</li> </ul>	portunity credit or if you		
	34-0966056				
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\Box  \mbox{Yes} - \mbox{Stop!} \\ \mbox{Go to line 31 for this student.} \ \box{X} \ \ \mbox{No}$	— Go to line 24.		
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Stop!</b> Go to line 31 this student.		
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes - Stop! Go to line 31 for this student.	— Go to line 26.		
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?		<ul> <li>Complete lines 27</li> <li>bugh 30 for this student.</li> </ul>		
CAUT			<b>t</b> in the same year. If		
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000	27		
28		28			
29	Multiply line 28 by 25% (0.25)	29			
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f	30			
	Lifetime Learning Credit				
31	Adjusted qualified education expenses (see instructions). Incl	lude the total of all amounts from all Parts			
	III, line 31, on Part II, line 10		<b>31</b> 10,800.		