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.....

599.

317-29-3301 007-97-1446
NARESH R PUTTA
SUSHMA THATIKONDA
11651 EMERALD GREEN DR
CLARKSBURG MD 20871

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.....▶

599.

REV 03/22/23 PRO

1555

317-29-3301 007-97-1446
NARESH R PUTTA
SUSHMA THATIKONDA
11651 EMERALD GREEN DR
CLARKSBURG MD 20871

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......

599.

REV 03/22/23 PRO

1555

317-29-3301 007-97-1446
NARESH R PUTTA
SUSHMA THATIKONDA
11651 EMERALD GREEN DR
CLARKSBURG MD 20871

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.......

599.

REV 03/22/23 PRO

1555

317-29-3301 007-97-1446
NARESH R PUTTA
SUSHMA THATIKONDA
11651 EMERALD GREEN DR
CLARKSBURG MD 20871

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Under penalties of perjuny, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or my knowledge and belief, it is time, correct, and complete. I there reduces that the amounts in PAT I above are the amounts from the income tax return (original or amended) I am now authorizing, and complete. I there reduces that the amounts in PAT I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is time, correct and acknowledgement of receive for 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 debig) entry to the financial institution account indication and the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 institutions into the entry to this account. This authorization in to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the entry to the submirization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-333-4537. 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 presental information number (PIII) below in my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering						
Spouse's name Spouse's social security number Spouse's social security number Spouse's social security number (07-97-1446 (07-97-144 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-144 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-144 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-144 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-144 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-144 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-1446 (07-97-144 (0	Submission	on Identification Number (SID)				
Sequese's social security number 2017-97-1446	Taxpayer's n	name	Social securit	y number		
PRILID Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	NARESH	I R PUTTA	317-29-	-3301		
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Spouse's na	me	Spouse's soci	al securit	y number	
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	SUSHMA					
Note: Form 1040-SS fliers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you ai	re autho	orizing.)	ı
1 Adjusted gross income 1 2 2.3, 5.26. 2 Total tax 2 2 2.8, 7.52. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 2.9, 2.32. 4 Amount you want refunded to you 4 4 480. 5 Amount you want refunded to you 5 5 Amount you want refunded to you 5 5 Amount you want refunded to you 6 Amount you want refunded to you 6 5 5 Amount you want refunded to you 6 5 5 Amount you want refunded to you 6 5 5 5 5 Amount you want refunded to you 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Enter who	ole dollars only on lines 1 through 5.				
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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, 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 authorizer, or electronic return or originator (FRO) 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 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 the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for repetion of the transmission, (b) the reason or any delay in the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for repetion of the transmission, (b) the reason or any delay in the IRS and to receive from the IRS (a) an acknowledgement of responsible to the IRS and to receive from the IRS and to receive from the IRS (a) an acknowledgement of the IRS and the Institution to debit the entry to the tax and the Institution to debit the entry to the tax and the Institution to the IRS and the Institution to debit the entry to the IRS and IRS	3 Fe	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	29,	232.
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Under penalties of perjuny, 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 bellef, it is true, correct, and complete I, further declare that the amounts from 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, to the transmission, (b) the reason for any delay in processing the return or refund, and (e) 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 debid) entry to the financial institution account indication of the trax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 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 in the tax preparation software for payment of my federal taxes owed on this return and/or apayment and the contract of the U.S. Treasury Financial Agent to terminate the tentry to the time contract the U.S. Treasury Financial Agent to terminate the tentry to the tentry and the contract of the U.S. Treasury Financial Agent to terminate the travely the U.S. Treasury Financial Agent to terminate the contract the U.S. Treasury in the U.S. Treasury Financial Agent to the contract the U.S. Treasury Financial Agent to terminate the understance of the Contract of the U.S. Treasury Financial Agent to the Contract of the Contract o	5 An			-		
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Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ER0 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 PIN: check one box only Date	return (orig to send my for any dela Agent to in payment of authorization payment, I business d taxes to re personal id	inal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Litiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income from the financial force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required ays prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment (settlement) date. I also authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I a	itter, or electro ection of the trans. S. Treasury are icated in the tap on to debit the e the authorization must be processing of payment. I furtle	nic return ansmission and its des ax prepar- entry to tion. To received the election	n origination, (b) the signated Fation soft this according to later tronic payowledge	or (ERO) e reason financial ware for unt. This cancel) a r than 2 ment of that the
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EDA MAST DETAILL THIS EQUIL — SEE HISTIACIONS		ERO Must Retain This Form — See Instructions				

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

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

OMB No. 1545-0074

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

Filing Status Check only				ed filing separatel	,	_			spou	ıse (Q	(SS	•
one box.		u checked the MFS box, enter the r		our spouse. If yo	u check	ed the HOH or	QSS box, er	nter th	ne child's	name	if the	qualifying
Value finate name	_ •	on is a child but not your depender							V	a:al aa		
Your first name		ddie Initial	Last na						Your social security number 317-29-3301			number
NARESH I		first name and middle initial	PUTT									
•	pouse s	first name and middle initial	Last na						_			rity number
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CLARKSBU			1.	, .	MI		20871		box belo			nange
Foreign country	y name			Foreign province/sta	ite/coun	ty	Foreign postal	code	your tax	orrei		Spouse
Digital	At an	y time during 2022, did you: (a) red	reive (as	a reward award	or navr	ment for prope	rtv or service	e). Or	(h) sell			
Assets		ange, gift, or otherwise dispose of								□ Y	'es	X No
Standard		eone can claim: You as a de				a dependent	, ,					
Deduction		Spouse itemizes on a separate retu	•	-		•						
Age/Blindness	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Jan	uary 2	2, 1958		ls bline	d
Dependent		•		(2) Social secu	 urity	(3) Relationsh	(4) (1)			ies for	(see in	structions):
If more		rst name Last name		number	,	to you	.	tax c	redit	Credit t	for other	r dependents
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see instruction and check	s ——											
here]											
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions) .					. 1a		255	5,677.
IIICOIII C	b	Household employee wages not i	eported	on Form(s) W-2 .					. 1b			
Attach Form(s)	С	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-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26					. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption ben	efits from	Form 8839, line	29 .				. 1f			
If you did not	g	Wages from Form 8919, line 6 .							. 1g			
get a Form	h	Other earned income (see instruc	tions) .						. 1h			0.
W-2, see instructions.	i	Nontaxable combat pay election				l 1i						
illistructions.	Z	Add lines 1a through 1h							. 1z		255	5,677.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b			
if required.	За	Qualified dividends	3a		b C	ordinary divide	nds		. 3b			
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		. 6b			
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check he	re (see	instructions)		. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not re	equired	, check here		. [7			
Married filing	8	Other income from Schedule 1, lin							. 8		-42	2,151.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	e			. 9			3,526.
surviving spouse, \$25,900	10	Adjustments to income from Scho							. 10			
Head of	11	Subtract line 10 from line 9. This	s your ac						. 11		213	3,526.
household, \$19,400	12	Standard deduction or itemized	•	-					. 12			5,900.
If you checked	13	Qualified business income deduc				5-A			. 13			
any box under Standard	14	Add lines 12 and 13							. 14	_	25	5,900.
Deduction,	15	Subtract line 14 from line 11. If ze										7,626.
see instructions.					-					_		

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	32,701.
Credits	17	Amount from Schedule 2, lin	ie 3				[17	
	18	Add lines 16 and 17					[18	32,701.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	4,000.
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20					[21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	28,701.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[23	51.
	24	Add lines 22 and 23. This is	your total tax				[24	28,752.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 29	,232.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	29,232.
	26	2022 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27	Ī		
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				indable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-		[33	29,232.
Refund	34	If line 33 is more than line 24	•					34	480.
Retund	35a	Amount of line 34 you want				•	. □ [35a	480.
Direct deposit?	b	Routing number 0 7 2					Savings		
See instructions.	d	Account number 3 7 5	0 0 2 9	7 8 7 (0 0 .				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou owe	00					1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	•		rn with the IRS?		mnlete he	Nole	X No
Designee		signee's		Phone			nal identific		
		me		no.			er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE E		(see in		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.					 SOFTWARE E	NGINEER	(see in	•	COLIDITY IIV, CIRCUIT REPORT
	———Ph	one no. (812)764-401	2	Email address		A@GMAIL.CO	M.		
		eparer's name	Preparer's signat		TARKEDITE OT I	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM		P02082	703	Self-employed
Preparer		m's name GLOBAL TA			COLILI TIMENI	01/03/2023			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.a		n1040 for instructions and the late		2011 111	BAA	REV 03/22/23 PRO	1 0		Form 1040 (2022)
						v 00/22/20 1 110			(

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

Attachment Sequence No. 01 Your social security number

NARE	SH R PUTTA & SUSHMA THATIKONDA		317-29	9-33	01
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	-42,151.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 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	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
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	

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

-42,151.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		$\overline{}$	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR NARESH R PUTTA & SUSHMA THATIKONDA

Your social security number 317-29-3301

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	51.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

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

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe		0.1	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	51.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09

	SSH R PUTTA						-29-3301
A	Principal business or profession	n including pr	oduct or service (se	Δ inetri	uctions)		er code from instructions
	SOFTWARE SERVICES	,, molading pi	301 01 301 VICC (SC		201101101		o code ironi matructiona
С	Business name. If no separate	husiness nam	e leave blank			D Emn	ployer ID number (EIN) (see instr.)
•	PUTTA SOFTWARE SERVICES				D Ellip	noyer in number (EIN) (see Instr.)	
E	Business address (including su) 11651 EN	/IF:RAT	D GREEN DR		
_	City, town or post office, state				MD 20871		
F	•)		
G				. —	2022? If "No," see instructions for		osses . X Yes No
Н							
ı					(s) 1099? See instructions		
J							
Part		•	,				
1 2 3	Form W-2 and the "Statutory of Returns and allowances	employee" box	on that form was c	hecked	this income was reported to you	. 1	
4							
5							
6					refund (see instructions)		
7	Gross income. Add lines 5 an					. 7	
Part	Expenses. Enter exp	oenses for b	usiness use of yo	our ho	me only on line 30.	•	
8	Advertising	8		18	Office expense (see instructions	s) . 18	
9	Car and truck expenses			19	Pension and profit-sharing plan	s . 19	
	(see instructions)	9	7,871.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipm	ent 20a	
11	Contract labor (see instructions)	11		b	Other business property	. 20b	28,900.
12	Depletion	12		21	Repairs and maintenance	. 21	
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part II	l) . 22	
	included in Part III) (see			23	Taxes and licenses	. 23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	. 24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)		4,600.
16	Interest (see instructions):	10		25	Utilities		780.
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credit		
b	Other	16b		27a	Other expenses (from line 48) .		
17	Legal and professional services Total expenses before expen	17	as use of home. Add	l lines (Reserved for future use	. 27b	42,151.
28 29	Tentative profit or (loss). Subtr				•	. 29	-42,151.
30	. ,	of your home. Sthod. See insti	Do not report these ructions. al square footage of	e expe	nses elsewhere. Attach Form 88	329	12,131.
	Method Worksheet in the instr	ructions to figu	re the amount to en	ter on I	ine 30	. 30	
31	Net profit or (loss). Subtract I	line 30 from lin	e 29.		,		
	• If a profit, enter on both Sch checked the box on line 1, see	•	,,		, , ,	31	-42,151.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	oox that descril	oes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	box on line 1, s	ee the line 31 instruc	ctions.)	Estates and trusts, enter on		All investment is at risk.Some investment is not at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		truck		
43	When did you place your vehicle in service for business purposes? (month/day/year) 08/01/2017			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle during 2022 years and you were the number of miles you were the number o	vehicle	e for:	
а	Business 13,006 b Commuting (see instructions) c C	Other		1,994
45	Was your vehicle available for personal use during off-duty hours?		Tes	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?			⊠ No
47a	Do you have evidence to support your deduction?		Tes	⊠ No
b	If "Yes," is the evidence written?		Yes	☐ No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30	•	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47**

Your social security number

IARE		317-29	-3301
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	213,526.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	213,526.
4	Number of qualifying children under age 17 with the required social security number 4	2	
5	Multiply line 4 by \$2,000	. 5	4,000.
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	nt	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	. 8	4,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	lit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A	. 13	32,701.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	-	
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional	al child t	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO	Schedule	8812 (Form 1040) 2022
J u	DAA NEV 00/22/251 NO	Concadic	33 .= (1 01111 10 1 0) 202

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22	-	
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dout	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

NARE	SH R PUTTA & SUSHMA THATIKONDA	317-29-330	1		
reparer	's name	Preparer tax identific	cation numb	per	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \mathbf{X} CTC/AC		e the rela		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and	's responses to			
4	status and to figure the amount(s) of any credit(s)	the return, or tent? (If "Yes,"	X	×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processed that you relied on to determine eligibility for the credit(s) and/or HOH filling statement that the amount(s) of the credit(s)	, a copy of any prepare Form provided by the atus or to figure	X		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?		X		
or Par	perwork Reduction Act Notice, see separate instructions. REV 03/22/23 PRO		Form 886	67 (Rev.	11-2022)

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	alified	Yes	No
Dout	tuition and related expenses for the claimed AOTC?		Dort.	\//\
Part 14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
14	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	. year		
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ref or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet((s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ises, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	omply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		X	

8959 Form

Department of the Treasury

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 71

Internal Revenue Service

Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment Sequence No.

Name(s) shown on return

Your social security number

NARE	SH R PUTTA & SUSHMA THATIKONDA		31	7-29	9-33	01
Part	Additional Medicare Tax on Medicare Wages					
1	Medicare wages and tips from Form W-2, box 5. If you have more than one					
	Form W-2, enter the total of the amounts from box 5	1	255,67	77.		
2	Unreported tips from Form 4137, line 6	2				
3	Wages from Form 8919, line 6	3				
4	Add lines 1 through 3	4	255,67	77.		
5	Enter the following amount for your filing status:					
	Married filing jointly					
	Married filing separately					
_	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,00	_	_	
6	Subtract line 5 from line 4. If zero or less, enter -0				6	5,677.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				_	F.1
Dout	Part II				7	51.
Part						
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you					
^	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		-		
9	Enter the following amount for your filing status:					
	Married filing congretely \$250,000					
	Married filing separately	9				
10		10		-		
11	-	11		\dashv		
12	Subtract line 11 from line 8. If zero or less, enter -0			-	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.					
10	go to Part III				13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	Con	npensation			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		•			
	(see instructions)	14				
15	Enter the following amount for your filing status:					
	Married filing jointly					
	Married filing separately					
	Single, Head of household, or Qualifying surviving spouse \$200,000	15				
16	Subtract line 15 from line 14. If zero or less, enter -0				16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line					
	Enter here and go to Part IV				17	
Part						
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin					
D	or 1040-SS filers, see instructions), and go to Part V				18	51.
Part						
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	40	2 5			
00	, , , , , , , , , , , , , , , , , , ,	19	3,70			
20	<u> </u>	20	255,67	/ / -		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	24	2 5	,,		
00		21	3,70			
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addit withholding on Medicare wages				22	0
02	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			-	~~	0.
23	14 (see instructions)				23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include				20	
24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 250					
	1040-SS filers, see instructions)	•			24	0.

Additional Information From 2022 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount
RENT	28,900.
Total	28,900.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
INTERNET (12M*\$65 P.M)	780.
Total	780.