

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br>RAMA SUBRAMANYAM VARAHABHATLA | Social security number<br>195-55-1639          |
| Spouse's name<br>SURYA VENKATA LAKSHM MANTHA     | Spouse's social security number<br>825-80-4078 |

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

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |          |
|---|---|----------|
| 1 Adjusted gross income . . . . .   | 1 | 160,492. |
| 2 Total tax . . . . .   | 2 | 20,844.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 29,596.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 8,752.   |
| 5 Amount you owe . . . . .  | 5 |          |

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 1 | 6 | 3 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 4 | 0 | 7 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

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

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

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Form fields for personal information: Your first name and middle initial (RAMA SUBRAMANYAM), Last name (VARAHABHATLA), Your social security number (195-55-1639), Spouse's social security number (825-80-4078), Home address (2128 MARINA DRIVE, LATHROP, WA 98330), State (CA), ZIP code (95330).

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

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

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

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

Main income table with rows 1a through 15. Includes sub-rows for tax-exempt interest (2a, 3a, 4a, 5a, 6a), taxable interest (2b, 3b, 4b, 5b, 6b), and total income (9) of 160,492 and taxable income (15) of 134,592.

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 20,844. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 20,844. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 20,844. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 20,844. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 29,596. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 29,596. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 29,596. |

|                                      |            |   |                |   |
|--------------------------------------|------------|---|----------------|---|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>      | 8,752.  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>     | 8,752.  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 3 2 1 1 7 6 8 0 4  | <b>c</b> Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number 7 0 0 4 2 1 5 4 8  |                |   |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>      |   |

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

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

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

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

|   |                                |                                      |   |
|---|--------------------------------|--------------------------------------|---|
| Your signature  | Date                           | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                           | Spouse's occupation<br>DATA ANALYST  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (404) 545-7174                                      | Email address RVARA002@FIU.EDU |                                      |   |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>01/24/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>88-2145487                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
R VARAHABHATLA & S MANTHA

Your social security number  
195-55-1639

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -13,733. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -13,733. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

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

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

R VARAHABHATLA & S MANTHA

Your social security number

195-55-1639

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

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

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

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

**A** SANTIPURAM VISHAKAPATNAM URBAN ANDHRA PRADESH IN 530016

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 185              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:          |   | Properties: |             |          |
|------------------|---|-------------|-------------|----------|
|                  |   | A           | B           | C        |
| <b>3</b>         | Rents received . . . . .  | 3           | 1,000.      |          |
| <b>4</b>         | Royalties received . . . . .  | 4           |             |          |
| <b>Expenses:</b> |   |             |             |          |
| <b>5</b>         | Advertising . . . . .   | 5           |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | 6           |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 7           | 2,582.      |          |
| <b>8</b>         | Commissions . . . . .   | 8           |             |          |
| <b>9</b>         | Insurance . . . . .   | 9           |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | 10          |             |          |
| <b>11</b>        | Management fees . . . . .   | 11          | 2,751.      |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | 12          |             |          |
| <b>13</b>        | Other interest . . . . .  | 13          |             |          |
| <b>14</b>        | Repairs . . . . .   | 14          | 3,500.      |          |
| <b>15</b>        | Supplies . . . . .  | 15          | 3,100.      |          |
| <b>16</b>        | Taxes . . . . .   | 16          |             |          |
| <b>17</b>        | Utilities . . . . .   | 17          | 2,800.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 18          |             |          |
| <b>19</b>        | Other (list) _____  | 19          |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 20          | 14,733.     |          |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | 21          | -13,733.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | 22          | ( 13,733. ) | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a         | 1,000.      |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b         |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | 23c         |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 23d         |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 23e         | 14,733.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | 24          |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25          | ( 13,733. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26          |             | -13,733. |

# Dos and Don'ts Checklist for the Individual/Fiduciary (525-TV) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) [gtc.dor.ga.gov/](http://gtc.dor.ga.gov/) .

## Do:

- Use a payment voucher with a valid scanline.
- Only complete this voucher if you owe taxes.
- Complete the voucher in its entirety.
- Write your SSN or FEIN on your check or money order.
- Make your check or money order payable to: Georgia Department of Revenue
- Remember if the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- Mail your voucher and payment to the address listed below if your return was filed electronically.

**Processing Center  
Georgia Department of Revenue  
PO Box 740323  
Atlanta, Georgia 30374-0323**


- Mail your return, payment voucher and payment to the address that appears on the return if filing a paper return.

## Do not:

- Mail this entire page.
- Staple your payment and voucher together.
- Print on both sides of the paper.
- Handwrite any information.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

----- Cut along dotted line -----

|  |   |   |  |                    |
|--|---|---|--|--------------------|
| <b>525-TV</b> (Rev. 06/21/22)<br>Individual and Fiduciary Payment Voucher  |   | <br>2352511512      | Individual or Fiduciary Name and Address:                              |                    |
| <b>2022</b>  |   |   | RAMA SUBRAMANYAM VARAHABHATLA<br>2128 MARINA DRIVE<br>LATHROP CA 95330 |                    |
| <input type="checkbox"/> Amended Return <input checked="" type="checkbox"/> Paper Return <input type="checkbox"/> Electronically Filed |   | TYPE OF RETURN: <input checked="" type="checkbox"/> 09-Individual <input type="checkbox"/> 10-Fiduciary |  |                    |
| Taxpayer's SSN or Fiduciary FEIN<br>195-55-1639  | Spouse's SSN (if joint or combined return)<br>825-80-4078 | Tax Year<br>2022  | Daytime Telephone Number<br>404-545-7174                               | Vendor Code<br>115 |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740323  
ATLANTA GA 30374-0323

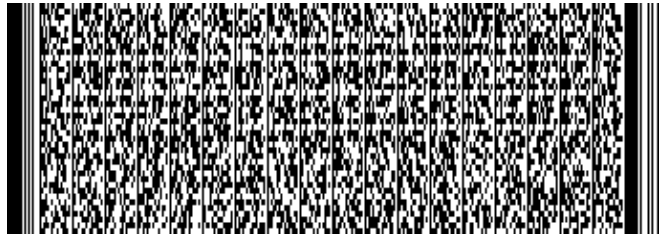
**Amount Paid \$** 69.00

525001955516396220912200000000000000011500000069001

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2300411514



Georgia Form **500** (Rev. 06/22/22)  
Individual Income Tax Return  
Georgia Department of Revenue  
**2022** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE CA  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

Y6848149

YOUR FIRST NAME  
1. RAMA SUBRAMANYAM

MI YOUR SOCIAL SECURITY NUMBER  
195-55-1639

LAST NAME (For Name Change See IT-511 Tax Booklet)  
VARAHABHATLA

SUFFIX

SPOUSE'S FIRST NAME  
SURYA VENKATA LA

MI SPOUSE'S SOCIAL SECURITY NUMBER  
825-80-4078

LAST NAME  
MANTHA

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 2128 MARINA DRIVE

CITY (Please insert a space if the city has multiple names)  
3. LATHROP

STATE ZIP CODE  
CA 95330

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 3

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.





**YOUR SOCIAL SECURITY NUMBER**  
 195-55-1639

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 160492  
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.  
 (See IT-511 Tax Booklet)
  - b. Self: 65 or over?      Blind?      Total      x 1,300=..... 11b.  
 Spouse: 65 or over?      Blind?
  - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
  - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
  - b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.
  - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



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**YOUR SOCIAL SECURITY NUMBER**  
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**Page 3**

|  |      |      |
|--|------|------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C                     | 14a. |      |
| 14b. Enter the number from Line 7a. Multiply by \$3,000.....   | 14b. |      |
| 14c. Add Lines 14a. and 14b. Enter total .....   | 14c. |      |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....  | 15a. | 3639 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)..... | 15b. |      |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....  | 15c. | 3639 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....  | 16.  | 69   |
| 17. Low Income Credit  | 17a. | 17b. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....  | 18.  |      |
| 19. Credits used from IND-CR Summary Worksheet .....   | 19.  |      |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>   | 20.  |      |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....  | 21.  | 0    |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....   | 22.  | 69   |

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A)                                |       |       | (INCOME STATEMENT B)                                |       |       | (INCOME STATEMENT C)                                |       |       |
|---|-------|-------|---|-------|-------|---|-------|-------|
| 1. WITHHOLDING TYPE:                                |       |       | 1. WITHHOLDING TYPE:                                |       |       | 1. WITHHOLDING TYPE:                                |       |       |
| W-2   | G2-A  | G2-LP | W-2   | G2-A  | G2-LP | W-2   | G2-A  | G2-LP |
| 1099  | G2-FL | G2-RP | 1099  | G2-FL | G2-RP | 1099  | G2-FL | G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       |
| 4. GA WAGES / INCOME                                |       |       | 4. GA WAGES / INCOME                                |       |       | 4. GA WAGES / INCOME                                |       |       |
| 5. GA TAX WITHHELD                                  |       |       | 5. GA TAX WITHHELD                                  |       |       | 5. GA TAX WITHHELD                                  |       |       |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**This Page (3) is required for processing**

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**YOUR SOCIAL SECURITY NUMBER**  
 195-55-1639

**Page 4**

**(INCOME STATEMENT D)**

1. **WITHHOLDING TYPE:**  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. **EMPLOYER/PAYER FEDERAL**  
     **ID NUMBER (FEIN)      SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

**(INCOME STATEMENT E)**

1. **WITHHOLDING TYPE:**  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. **EMPLOYER/PAYER FEDERAL**  
     **ID NUMBER (FEIN)      SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

**(INCOME STATEMENT F)**

1. **WITHHOLDING TYPE:**  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. **EMPLOYER/PAYER FEDERAL**  
     **ID NUMBER (FEIN)      SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

|   |     |    |
|---|-----|----|
| 23. Georgia Income Tax Withheld on Wages and 1099s .....                                  | 23. | 0  |
| (Enter Tax Withheld Only and include W-2s and/or 1099s)                                   |     |    |
| 24. Other Georgia Income Tax Withheld .....   | 24. |    |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP)  |     |    |
| 25. Estimated Tax paid for 2022 and Form IT-560 .....                                     | 25. |    |
| 26. Schedule 2B Refundable Tax Credits.....   | 26. |    |
| (Cannot be claimed unless filed electronically)   |     |    |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27. | 0  |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28. | 69 |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29. |    |
| 30. Amount to be credited to 2023 ESTIMATED TAX .....                                     | 30. |    |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31. |    |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32. |    |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33. |    |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00).....                  | 34. |    |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) .....                 | 35. |    |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....                       | 36. |    |
| 37. Saving the Cure Fund (No gift of less than \$1.00).....                               | 37. |    |
| 38. Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38. |    |
| (No gift of less than \$1.00)   |     |    |



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**YOUR SOCIAL SECURITY NUMBER**  
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**Page 5**

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
  - 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
  - 41. Penalty: Late Payment and/or Late Filing..... 41.
  - 42. Interest ..... 42.
  - 43. (If you owe) Add Lines 28, 31 thru 42 ..... 43.
- MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

69

- 
- 44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29  
**THIS IS YOUR REFUND**..... 44.
- Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380**

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

44a. Direct Deposit (U.S. Accounts Only)      Type: Checking      Savings

| Routing Number | Account Number |
|----------------|----------------|
|----------------|----------------|

**Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.**

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

|                                   |                         |                                 |                         |
|-----------------------------------|-------------------------|---------------------------------|-------------------------|
| _____<br>Taxpayer's Signature     | (Check box if deceased) | _____<br>Spouse's Signature     | (Check box if deceased) |
| _____<br>Taxpayer's Date of Death |                         | _____<br>Spouse's Date of Death |                         |

|                                    |  |                                  |
|------------------------------------|--|----------------------------------|
| _____<br>Taxpayer's Signature Date | _____<br>Taxpayer's Phone Number<br>404-545-7174 | _____<br>Spouse's Signature Date |
|------------------------------------|--|----------------------------------|

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

\_\_\_\_\_  
Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number  
678-965-9522  
Preparer's FEIN  
88-2145487

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703



2307411514

YOUR SOCIAL SECURITY NUMBER

195-55-1639

**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT<br>(COLUMN A)  | INCOME NOT TAXABLE TO GEORGIA<br>(COLUMN B)                               | GEORGIA INCOME<br>(COLUMN C)  |
|--|---|---|
| 1. WAGES, SALARIES, TIPS, etc<br>174225  | 1. WAGES, SALARIES, TIPS, etc<br>170225                                   | 1. WAGES, SALARIES, TIPS, etc<br>4000                                   |
| 2. INTEREST AND DIVIDENDS  | 2. INTEREST AND DIVIDENDS   | 2. INTEREST AND DIVIDENDS   |
| 3. BUSINESS INCOME OR (LOSS)   | 3. BUSINESS INCOME OR (LOSS)  | 3. BUSINESS INCOME OR (LOSS)  |
| 4. OTHER INCOME OR (LOSS)<br>-13733  | 4. OTHER INCOME OR (LOSS)<br>-13733                                       | 4. OTHER INCOME OR (LOSS)<br>0  |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br>160492  | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br>156492                           | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br>4000                           |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040  | 6. TOTAL ADJUSTMENTS FROM FORM 1040                                       | 6. TOTAL ADJUSTMENTS FROM FORM 1040                                     |
| 7. TOTAL ADJUSTMENTS FROM FORM 500,<br>SCHEDULE 1  | 7. TOTAL ADJUSTMENTS FROM FORM 500,<br>SCHEDULE 1                         | 7. TOTAL ADJUSTMENTS FROM FORM 500,<br>SCHEDULE 1                       |
| 8. ADJUSTED GROSS INCOME:<br>LINE 5 PLUS OR MINUS LINES 6 AND 7<br>160492  | 8. ADJUSTED GROSS INCOME:<br>LINE 5 PLUS OR MINUS LINES 6 AND 7<br>156492 | 8. ADJUSTED GROSS INCOME:<br>LINE 5 PLUS OR MINUS LINES 6 AND 7<br>4000 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or<br>check the box for Time Ratio. Enter percentage.....                                   | 9. 2.49   | % Not to exceed 100%  |
| 10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)   | 10a. 7100   |   |
| 10b. Additional Standard Deduction<br>Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=   | 10b.  |   |
| 11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)  |   |   |
| 11a. Enter the number on Line 6c from Form 500 or Form 500X 2 multiply by \$2,700 for<br>filing status A or D or multiply by \$3,700 for filing status B or C..... | 11a. 7400   |   |
| 11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..   | 11b.  |   |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b .....  | 12. 14500   |   |
| 13. *Multiply Line 12 by Ratio on Line 9 and enter result.....   | 13. 361   |   |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C<br>Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....                               | 14. 3639  |   |