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

Submission Identification Number (SID)				7
Taxpayer's name	Social securit	y numbe	er	
VAMSIKRISHNA NALAM	036-27-	-5317		
Spouse's name	Spouse's soc	ial secur	ity numbe	er
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re auth	norizing	1.)
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	2 2 2 21	1		3,224.
2 Total tax		2		L,078.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11	L,197.
4 Amount you want refunded to you	* * * *	4		119.
5 Amount you owe		5 v of v	ur roti	urn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende			terror in	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institu authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	ejection of the tra U.S. Treasury are idicated in the ta- tion to debit the ate the authoriza- dequests must be the processing of payment. I furti-	ansmiss and its de ax prepa entry to ation. To receive the ele her ack	sion, (b) the signated aration so this according the control of th	the reason of Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
Section (Control of the Control of t				
Taxpayer's PIN: check one box only	7 my DINI	5 3	1 7	
X I authorize GLOBAL TAXES LLC to enter or generate	Ent		igits, but all zeros	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 if you are entering your own PIN and your return is filed using the Practitioner PIN merbelow.	now authorizir	ng. Che must	eck this complet	
Your signature ► Date ►	04/10	/ 20	123	
Spouse's PIN: check one box only				ì
☐ I authorize to enter or generate	e my PIN			as my
ERO firm name			igits, but	
signature on the income tax return (original or amended) I am now authorizing.			all zeros	et 17 19500 4
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below	w			-
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.				
	Don't ente	er all zer	os	- 1/1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in ac	cordance	
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions				9
Don't Submit This Form to the IRS Unless Requested To	Do So			

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the name of its a shill but not your dependent	ame of y	ed filing separately (Noor spouse. If you cl						spou	ifying sui ise (QSS) name if t)	
Your first name		on is a child but not your dependent	Last na	ma is /					V		alal as ass		
			5-51,858-51-51,859								cial secur		iber
VAMSIKR:	34	東京県 100	NALA						-	036-27-5317 Spouse's social security number			
ii joint return, s	pouse s	first name and middle initial	Last na	me					3	ouse	s social se	curity r	number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pi	resider	ntial Elect	ion Car	mnainn
		RD COURT PL					18				ere if you		
25 INCOMPANAMENTO ESPECIOS.		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP	ode	sp	spouse if filing jointly, want \$			
SAINT CH		(5.0) (5.0) (V			МО		CO O O A			to go to this fund. Checking a box below will not change			
Foreign countr			F	Foreign province/state/o		/		gn postal c			or refund		30
J				5 1		2		.			You	□ 8	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	ertv or	services)	: or (b)	sell.			
Assets		ange, gift, or otherwise dispose of a			1000		0.7%				Yes	X	No
Standard		eone can claim: You as a de									1.4		
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was boi	rn bef	ore Janua	arv 2, 1	958	∏ Is b	olind	1
Dependent				(2) Social security		(3) Relationsh		4) Check th	-				ctions):
If more		irst name Last name		number		to you		Child to	ax cred	t	Credit for o	ther dep	endents
than four		100000000000000000000000000000000000000		5 m - 1 m -								П	
dependents,	·				1				=			Ħ	
see instruction and check	s											ī	
here []							[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a		93,3	307.
IIICOIIIE	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c			9
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 f	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29				e s		1f			
If you did not	g	Wages from Form 8919, line 6 .						6 8	¥	1g			
get a Form	h	Other earned income (see instructi	ions) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i	i						-
monuctions.	z	Add lines 1a through 1h							£: ::	1z		93,3	307.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interes	it .		6 5	2b			2
if required.	3a	Qualified dividends	3a		b Or	dinary divide	nds .			3b			
	4a	IRA distributions	4a		b Ta	xable amoun	nt		27 72	4b			
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	nt	e a		5b			
• Single or	6a	Social security benefits	6a		b Ta	xable amoun	nt	6 8		6b			
Married filing	С	If you elect to use the lump-sum e			93				. П				
separately, \$12,950	7	Capital gain or (loss). Attach Schei	dule D if	required. If not requ	ired,	check here		40 38	. \square	7			
Married filing	8	Other income from Schedule 1, lin	e 10 .					12 .0		8	_	10,0	083.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				6 8	9		83,2	224.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, I	ine 26						10			
 Head of 	11	Subtract line 10 from line 9. This is	your ac	djusted gross incor	ne			2 2	7 1	11		83,2	224.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)			e 4		12		12,9	950.
 If you checked 	13	Qualified business income deducti	ion from	Form 8995 or Form	8995	5-A		6 8		13			
any box under Standard	14	Add lines 12 and 13								14		12,9	950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ne .			15		70,2	74.

Form 1040 (2022	2)						70	20	Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	11	,078.
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17	*				18	11	,078.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8					20	E	
	21	Add lines 19 and 20					21	22	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	11	,078.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23	-	0.
	24	Add lines 22 and 23. This is your total tax	30 × 10 ×				24	11	,078.
Payments	25	Federal income tax withheld from:			20 95				10
	а	Form(s) W-2	100 × 100 × 1		25a	11,197.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c				8 8 8	25d	11	,197.
If you have a	26	2022 estimated tax payments and amount a	applied from 20	021 return			26		
qualifying child,	27	Earned income credit (EIC)	121 2 2 2	No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28				
	29	American opportunity credit from Form 886	3, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15	* * *		31				
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and ref	undable cred	its	32		
	33	Add lines 25d, 26, and 32. These are your to					33	11	,197.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							119.
nerana	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, che	ck here	🗆	35a	c	119.
Direct deposit?	b	Routing number 0 1 1 9 0 0 2							
See instructions.	d	Account number 3 8 5 0 2 1 3							
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe.		- th				
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions			37		
-	38	Estimated tax penalty (see instructions) .			38				
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See _				
Designee	ins	tructions			Yes	. Complete	below.	× No	
	De	signee's	Phone no.			Personal iden number (PIN)	tification		T T
<u> </u>		der penalties of perjury, I declare that I have examin	1,199	d accompanying sol		, ,	o the her	et of my know	wlodgo op
Sign		ef, they are true, correct, and complete. Declaration							
Here	Yo	ur signature	Date	Your occupation		If th	e IRS se	nt you an Ide	entity
						Pro	tection P	IN, enter it h	
Joint return?				BUSINESS S	YSTEM ANA	LYST (see	e inst.)		
See instructions. Keep a copy for		use's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion			nt your spou ection PIN, e	
your records.	٠ <	TV					inst.)	ECTION PIN, 6	anter it ner
	Ph	one no. (203) 690-6920	Email address	TIENTA TAMAA	AGCMATT C	OM	255284		
î.	10/12/20	parer's name Preparer's signa		VKNALAM44	Date Date	PTIN		Check if:	
Paid		, ropuloi o digita						STATE OF THE PARTY	employed
Preparer	E:-	n's name GLOBAL TAXES LLC			1,,	Dh	one no.		pioyou
Use Only	150.00		INCMTOR M	T 08816		200000	randolesia (Calabara (C		
	rir /=	n's address 245 ROONEY CT E BRU	NINDWICK IN	0 00010		Firr	n's EIN		1040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(cial security number				
VAMS	IKRISHNA NALAM		036-2	7-53	17
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		0.0	1	0.
	Alimony received		41 (4	2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-10,083.
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		-	
į	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j	4		
	Stock options	8k		-	
	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	2		
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80	i i		
p	Section 461(I) excess business loss adjustment	8p		-	
- 5	Scholarship and fellowship grants not reported on Form W-2	8q 8r		-	
r	Nontaxable amount of Medicaid waiver payments included on Form	OI			
S	1040, line 1a or 1d	8s (١		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (
ŗ	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u	-		
	Other income. List type and amount:				
-	and internet List type and amount	8z			

Total other income. Add lines 8a through 8z

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

-10,083.

9

10

Page 2 Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans			4 (4)	16	
17	Self-employed health insurance deduction			x - 5	17	
18	Penalty on early withdrawal of savings			x - 3	18	
19a	Alimony paid				19a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction		* * *		23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	indicate and an indicate an in					
	, , ,	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g		24g				
h	Attorney fees and court costs for actions involving certain unlawful	5 53				
		24h				
į	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect	1277020				
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
Z	Other adjustments. List type and amount:					
0.5		24z			0-	
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			E 3	26	
	BAA	REV 03	/22/23 PRO		Schedu	le 1 (Form 1040) 2022

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VAMSTKRISHNA NALAM 036-27-5317

* * * * * * * * * * * * * * * * * * * *	LITTLE CHILLE						000 2		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you a	are an indiv	ridual, rep	ort farm
	Did you make any payments in 2022 that would require you f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII			100 0	oto a	<u> </u>			
5117311	DOOR NUMBER 10-192 AGRAHARAM, CHALLAPAN	ni 35/25/00/88	У.	יסדת ו	TDTC	עם מחומג ייי	DDVDEC	U TN F	321126
A B	DOOR NUMBER 10-192 AGRAHARAM, CHALLAPAI	шш г	KISHNA	4 DIS	IRIC	I ANDRKA	PRADES	OH IN S	021120
C									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q	JV box	only	Α		285		0	П
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uctions	3.	С					
Гуре	of Property:			0				0	
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	d	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)		
	D. 140 ★ 1400-000 €/00			3 3434		Properti			
	•••			Α		В	es.		С
ncon 3	Rents received	3		17511511	37.	В	-		C
4	Royalties received			O	57.		-		
xper		-				Ÿ			*
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	54.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	81.				*
12	Mortgage interest paid to banks, etc. (see instructions)	12							1
13	Other interest	13							
14	Repairs	14		2,8	64.				7
15	Supplies	15		3,3	62.				
16	Taxes	16		6/5/5) 20	2007.004				
17	Utilities	17		2,1	59.				
18	Depreciation expense or depletion	18					-		
19	Other (list)	19		10 7	0.0		-		
20	Total expenses. Add lines 5 through 19	20		10,7	20.	÷			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198			-10,0	83.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,08	33.)	(()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		637.		
b	Total of all amounts reported on line 4 for all royalty prop			* *	23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10	,720.		
24	Income. Add positive amounts shown on line 21. Do no		an amended or and an electrical				. 24		W21 202000 W
25	Losses. Add royalty losses from line 21 and rental real esta							(10,083.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not	apply	to you,	also er	nter th	nis amount o	on		4.0.16.5.5
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the to	tal on li	ne 41	on page 2	. 26	7	-10,083.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

VAMSIKRISHNA NALAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. $0\,3\,6-2\,7-5\,3\,1\,7$

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	f-only \square Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		3,030.
ŭ	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage		
	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022 9 1,000.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,650.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II. line 17d	21	

REV 03/22/23 PRO

BAA



For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.

	Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).
	ng a fiscal year return enter the beginning and ending dates here. al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) To be partment Use Only 1555
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er)
	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse urself Spouse Yourself Yourself
Name	Social Security Number in 2022 Spouse's Social Security Number in 2022 0 3 6 - 27 - 5317 Suffix First Name M.I. Last Name Suffix VAMS IKRISHNA NALAM Spouse's First Name M.I. Spouse's Last Name Suffix In Care Of Name (Attorney, Executor, Personal Representative, etc.)
Address	Present Address (Include Apartment Number or Rural Route) 4123 STAFFORD COURT PL City, Town, or Post Office State ZIP Code SAINT CHARLES MO 63304 - County of Residence STCH

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.

























				Yourself (Y)	Spo	ouse (S)						
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	83224 00	1S		00					
		(see worksheet on page 7 of the instructions)			10							
	2.	Total additions (from Form MO-A , Part 1, Line 7)	2Y	. 00	2S		. 00					
ө	3.	Total income - Add Lines 1 and 2	3Y	83224 . 00	3S		. 00					
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	4S		. 00					
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	83224 . 00	5S		. 00					
	6.	Total Missouri adjusted gross income - Add columns 5Y and 55	S	6 83	3224 . 00							
	7	Income percentages - Divide columns 5Y and 5S by total on					ı.					
	I.	Line 6. (Must equal 100%)	7Y	100 %	78		%					
	Ω	Pension, Social Security and Social Security Disability exempti	ion (fro	m Form MO A Part 3								
	0.	Section D)			8	11.	. 00					
	9.	Tax from federal return		9 11078 0	0							
			Γ		_							
	10.	Other tax from federal return	L	10	0							
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11 11078 0	0							
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below t find your percentage	0	12 15.00 %	6							
		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less		entage:								
		\$25,001 to \$50,000										
tions		\$50,001 to \$100,000										
Deductions		\$100,001 to \$125,000										
73	13.	Federal income tax deduction – Multiply Line 11 by the percent		Line 12. Enter this								
		amount not to exceed \$5,000 for an individual or \$10,000 for $\cos \theta$	ombine	d filers	13	1662	. 00					
Exemptions	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,950 • Head of Hour					. —					
Exe		Married Filing Combined or Qualifying Widow(er)-\$25,900			14	12950	. 00					
	15.	Additional Exemption for Head of Household and Qualified Wid	low(er)		15		. 00					
	16.	Long-term care insurance deduction			16		. 00					
	17.	Health care sharing ministry deduction			17		. 00					
	18.	Active Duty Military income deduction		*** ** ** ** ***	18		. 00					
	19.	Inactive Duty Military income deduction			19		. 00					
		Bring jobs home deduction			20		00					
	21.	Transportation facilities deduction			21		. 00					
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trade Act	rivities							



		· · · · · · · · · · · · · · · · · · ·	- 2		0		100	
	22.	First time home buyers deduction. A.	В.		22		. [00
	23.	Long term dignity savings account deduction			23			00
tinued	24.	Foster parent tax deduction			24			00
IS Con	25.	Total deductions - Add Lines 8 and 13 through 24			25	14612		00
Deductions Continued	26.	Subtotal - Subtract Line 25 from Line 6			26	68612		00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	68612.00	27S		. [00
	28.	Enterprise zone or rural empowerment zone income modification	28Y	. 00	28S		. [00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	68612.00	298		. [00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	3452 . 00	30S		. 0	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s).	31Y	. 00	31S		. [00
×	32.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	100 %	32S		%	6
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	3452 . 00	33S		. [00
	34.	Other taxes - Select box and attach federal form indicated.						
		Lump sum distribution (Form 4972)			=			
		Recapture of low income housing credit (Form 8611)	34Y	. 00	34S		. [00
	35.	Subtotal - Add Lines 33 and 34	35Y	3452 . 00	35S			00
	36.	Total Tax - Add Lines 35Y and 35S			36	3452		00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099			37	4015	.[00
	38.	2022 Missouri estimated tax payments - Include overpayment from	om 2021	applied to 2022	. 38		. 0	00
Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP			39		. [00
ts and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO-	<u>2ENT</u>	40		. [00
Payments and	41.	Amount paid with Missouri extension of time to file (Form MO-	<u>·60</u>)		41		. [00
100	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form N	ло-тс	42		. [00
	43.	Property tax credit - Attach Form MO-PTS			43		. [00
	11	Total nayments and gradite. Add Lines 37 through 43			44	4015	(20

	Sk	ip Lines 45 thro	ugh 47 if you are	not filing a	in amended re	turn.					
	45.	Amount paid on	original return						45		. 00
	46.	Overpayment as	s shown (or adjust	ed) on origin	nal return				46		. 00
		Indicate Reaso	n for Amending								
					Enter date	of IRS	S report (MM/DE	D/YY)			
Amended Return		A. Federa	al audit	#60 #60 #60 #60 #60							
Jepu					Enter year	r of los	s (YY)				
Amer		B. Net Op	perating Loss carry	yback	Enter year	r of cre	odit (VV)				
		C Investo									
	C. Investment tax credit carryback Enter date of federal amended return, if file										
		D. Correct	ction other than A,	B, or C							
	47.	Amended return	n total payments a	nd credits - /	Add Lines 44 ar	nd 45;	subtract Line 46	S.			
		Enter on Line 47	7						47		. 00
	18	If Line 44 or if a	mended return, Lir	no 47 is large	ar than Line 36	antar t	he difference				
	40.		RPAYMENT						. 48	563	. 00
	49.	Amount of Line	48 to be applied to	o your 2023	estimated tax				49		. 00
	50.	Enter the amou	nt of your donatior	n in the trust	fund boxes bel	low. Se	ee instructions fo	or additional	trust fund code	S.	
		7/4		Г			Elderly Home		Missouri		
	50	Children's 3. Trust Fund	. 00 50b.	Veterans Trust Fund	. 00	F0 -	Delivered Meals Trust Fund	. 00 5	National Guard Trust Fund		00
	EO	Workers'	. 00 50f.	Childhood Lead	. 00		Missouri Military Family	00 5	General		00
	300	Memorial Fund	[00] 50f.	Testing Fund L Kansas City Regional Law			Relief Fund Soldiers Memorial		0h. Revenue Fund		
Refund	50i	Organ Donor Program Fund	. 00 50j.	Enforcement Memorial Foundation Fund	. 00	100000000000000000000000000000000000000	Military Museum in St. Louis Fund	. 00 5	Missouri Medal of Honor Fund		00
Ref	50.	Additional Fund	Additional Fund	. 00	Additional Fund		Additional Fund	00			
	501	M. Code	Amount	-	50n. Code		Amount L	100000000000000000000000000000000000000	50		
		Total Donation -	Add amounts from	n Boxes 50a	a through 50n a	and ent	er here		50		. 00
	51.		48 to be deposited the total deposit ar			ation P	lan (MOST)		51		. 00
	52		tract Lines 49, 50,			nter he	ere		52	563	. 00
	·	Sits out		and of Holl	IO and O		endere kult kult kült kült kü		e Me di		
		a. Routing	011900254					c ×	Chocking	Contract	
		b. Account	3850213333	303				c^	Checking	Savings	•



	53.	 If Line 36 is larger than Line 44 or Line 47, enter the difference. Amount of UNDERPAYMENT				53		. 00	
Due	54.				alty amount he	ere 54		. 00	
Amount Due		Select this box if you are a farmer exempt from the underpayment of estimated							
	55.	AMOUNT DUE - Add Lines 53 and 54 If you pay by check, you authorize the electronically. Any returned check may	Department of Reve			55		. 00	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the beginning of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under <u>Section 143.561</u> , <u>RSMo.</u> Declaration of preparer (other than taxpayer) based on all information of which he or she has knowledge. As provided in <u>Chapter 143</u> , <u>RSMo.</u> , a penalty of up to \$500 shall imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ su aliens. I am aware of any applicable reporting requirements of <u>Section 135.805</u> , <u>RSMo</u> , and the penalty provisions of <u>Section 135.816</u> , <u>RSMo</u> .							am providing a taxpayer) is 500 shall be no illegal or employ such	
	Sig	nature				Date (MM/DE	D/YY)		
							23		
	Sp	Spouse's Signature (If filing combined, BOTH must sign)				Date (MM/DI	D/YY)		
e e	E-mail Address					Daytime Telephone			
Signature						2036906920			
Sig	Preparer's Signature					Date (MM/DD/YY)			
							5		
	Preparer's FEIN, SSN, or PTIN					Preparer's Telephone			
	Pre	parer's Address				State	ZIP Code		
	24	45 ROONEY CT E BRUNSWI	CK			NJ	08816		
	or Dic an	uthorize the Director of Revenue or deleany member of the preparer's firm I you pay a tax return preparer to complete Internal Revenue Service preparer tax is exparer's name, address, and phone num	ete your return, but th dentification number? ber in the applicable	e preparer failed to If you marked you	to sign the retues, please inse	urn or provide		× No	
		1111	223220	51555					
			Departmen	t Use Only	-				
	Α	FA E10	☐ DE	F					
		Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200 erved on active duty in the United	Missouri Departme P.O. Box 500 Jefferson City, MO Phone: (573) 751 I States Armed Fo	Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505 Inquisitates Armed Forces?		[573] 522-1762 il: incometaxprocessing@dor.mo.gov mission of Individual Income Tax Returns il: income@dor.mo.gov iry and correspondence			
	If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military					回解釋回	i	N	

 $\label{thm:constraint} Visit \ \underline{\textbf{dor.mo.gov/taxation/individual/tax-types/income/}} \ \text{for additional information}.$

veteranbenefits.mo.gov/state-benefits/.

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