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)		-		
Taxpayer's name	Social securit	y numbe	er	
KARTHEEK AMARAVATISUBRAMANYAM	183-49-	-1351		
Spouse's name	Spouse's soci	ial secu	rity numbe	r
SRINITYA PUTTA	338-89-	-8670)	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	nter year you a	re autl	horizing.	.)
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		744.
2 Total tax		2		2,220.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,438.
4 Amount you want refunded to you5 Amount you owe		5	14	,218.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an		_	our retu	ırn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tranto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for 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 payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituanthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation in business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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) Electronic Funds Withdrawal Consent.	rejection of the tree U.S. Treasury are indicated in the tatution to debit the nate the authorizarequests must be the processing of the payment. I furt	ansmission and its distributed	sion, (b) the esignated aration so this according to the control of the control o	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
Taxpayer's PIN: check one box only				
■ I authorize GLOBAL TAXES LLC to enter or general	ate my PIN	1 3	5 1	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	* Ent	er five o	ligits, but all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Your signature ▶ Date ▶	•			
Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generating the control of the contro	Ent	er five o	7 0	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 ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.	n now authorizir	ng. Ch	eck this b	
Spouse's signature ▶ Date ▶	•			
Practitioner PIN Method Returns Only—continue belo	ow			
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. 5	1 8 9 5 2 Don't ente	2 3 er all zer	1 9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	ubmitting this retu	rn in a	ccordance	
ERO's signature ▶ Date ▶	•			
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

2022	
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OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS) Head of	house	hold (HOI	H) [fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the	name of v	our spouse If vo	u checl	ked the HOH o	r OSS	hox ente	or the	•	se (QSS) name if th	e qualifying
one box.		on is a child but not your depender		your opouse. If yo	u 011001		ı QOO	box, one	, 1110	Orma 5		o qualitying
Your first name			Last na	me					1	our soc	ial security	v number
KARTHEER				AVATISUBRA	MANY	ΔM					9-1351	-
		first name and middle initial	Last na		1.11.71.4 1	741.1						urity number
SRINITY			PUTT							-	9-8670	-
		er and street). If you have a P.O. box, se						Apt. no.	_			on Campaign
	•	WOODS TRL						4	- 1		ere if you,	
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ate	ZIP	ode	8	spouse it	f filing joint	tly, want \$3
SANDY SI		-		,	G		303			•	this fund. (w will not	Checking a
Foreign country		55	F	Foreign province/sta			 	gn postal co			or refund.	criarige
. o. o.g., ooa	,			0.0.g., p.0100, 0	ato, 00 a.	,		9 poota. ot	, ,		You	Spouse
Digital	Δt an	ny time during 2022, did you: (a) red	coive (ac	a reward award	or nav	ment for prope	rty or	convices)	. or (h	المع (د		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a d				a dependent	40000). (GGG	01.00			
Deduction Deduction	_	Spouse itemizes on a separate retu	•	•		•						
		·		_								
Age/Blindness	You:	Were born before January 2,	1958 _	_ Are blind	Spouse	: Was bo		ore Janua	<u>, , , </u>		Is bli	
Dependents				(2) Social secu	urity	(3) Relationsh	nip (4) Check th	ne box	if qualifi	es for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child to	ax cred	dit (Credit for oth	ner dependents
than four dependents,									ᆜ		L	
see instruction:	s ——								ᆜ		L	
and check	, —								ᆜ		L	
here	ļ											
Income	1a	Total amount from Form(s) W-2, I	•	,						1a	17	78,744.
A441- F(-)	b	Household employee wages not	•							1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	`	,						1c		
attach Forms	d	Medicaid waiver payments not re	•	` ,	e instr	uctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits		·						1e		
was withheld.	f	Employer-provided adoption ben		•						1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instruc	,			1				1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	i				1.5	
		Add lines 1a through 1h	. i .							1z	1.7	78,744.
Attach Sch. B	2a	Tax-exempt interest	2a			Taxable interes				2b		
if required.	3a	Qualified dividends	3a			Ordinary divide				3b		
	4a	IRA distributions	4a			Γaxable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			Faxable amoun				5b		
Single or	6a	Social security benefits	6a			Faxable amoun	it			6b	-	
Married filing separately,	_ C	If you elect to use the lump-sum		· ·	,	,			. 님		1	
\$12,950	7	Capital gain or (loss). Attach Scho		•	•	•			. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, li								8		2,000.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	1 16	66,744.
\$25,900	10	Adjustments to income from Sch	•							10		
Head of household,	11	Subtract line 10 from line 9. This	•	-						11		66,744.
\$19,400	12	Standard deduction or itemized		•	,					12	2	25,900.
If you checked any box under	13	Qualified business income deduc								13	-	
Standard Deduction,	14	Add lines 12 and 13								14		25,900.
see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -U This	is your	taxable incom	1е .			15	<u> 14</u>	10,844.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	22,	220.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	22,	220.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	22,	220.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	22,	220.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	36,438.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						25d	36,	438.
	26	2022 estimated tax payment						26	-	
If you have a Lagualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		7		
	29	American opportunity credit	from Form 8863	3. line 8		29		7		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31		7		
	32	Add lines 27, 28, 29, and 31,					s	32		
	33	Add lines 25d, 26, and 32. T	•	-	-			33	36,	438.
	34	If line 33 is more than line 24						34		218.
Refund	35a	Amount of line 34 you want						35a		218.
Direct deposit?	b	Routing number 1 1 1					∟]Savings	Joa		
See instructions.	d	Account number 5 8 6					_ oaviiigo			
	36	Amount of line 34 you want a				36				
Amount You Owe	37	Subtract line 33 from line 24	. This is the am o	ount you owe.						
rou owe	00	For details on how to pay, go	•	•		1 1		37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				Complete	holow	X No	
Designee		signee's		Phone			rsonal ident		NO	
	nar			no.			mber (PIN)	ilication		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return? See instructions.					SOFTWARE		(see	e inst.)		
Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spous ection PIN, en	
your records.					HOME MAKE	R		inst.)	1 1 1	
	———Ph	one no. (210)388-939	 6	Email address		AVATI90@GMAIL.	COM			
		eparer's name	Preparer's signat		KAKTIIBBKANAKA	Date	PTIN	-	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	,		מווסיים ייםו.ו.את			2702	Self-em	nploved
Preparer		n's name GLOBAL TAX		TOTO LIETT	OULTA TADUAL	1 0 1/ 0 1/ 202	_		678)965-	
Use Only			Y CT E BRU	INSWICK M.	J 08816			n's EIN	84-31	
0-1				TANALCIK IN				I S LIIN		
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO)		Form 10)40 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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	(s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial s	ecurity number
KART	HEEK AMARAVATISUBRAMANYAM & SRINITYA PUTTA		183-4	19-13	51
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-12,000.
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		_	
	Stock options	8k		-	
ı	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		-	
	Section 951(a) inclusion (see instructions)	8n		-	
0	Section 951A(a) inclusion (see instructions)	80 8n		-	
р	Taxable distributions from an ABLE account (see instructions)	8p 8q		-	
q r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
	Nontaxable amount of Medicaid waiver payments included on Form	OI		-	
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		87			

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

-12,000.

10

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 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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). 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 j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). z Other adjustments. List type and amount: 24i 24j 24k 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				-	
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 E (Form 1040)

Supplemental Income and Loss

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

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

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

Your social security number

KAR'	THEEK AMARAVATISUBRAMANYAM & SRINITYA PU	JTTA					183-4	9-1351	-
Par	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.			C. See	instru	ctions. If you are	e an indiv	vidual, rep	oort farm
Α	Did you make any payments in 2022 that would require you	to file F	Form(s) 1	099? S	See ins	structions		. 🗌 Ye	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	code))						
Α	MADANAPALLE CHITTOOR ANDHRA PRADESH IN	J 517	325						
В									
C									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental a	and		Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint venture. Occ instru	otions.		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descril	oe)		
						Propertie	s:		
Incor	ne:			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,5	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			00.				
15	Supplies	15		2,8	00.				
16	Taxes	16							
17	Utilities	17		4,0	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,6	00.				
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	21	_	-12,0	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (, .	12,00	00.)	()	()
23 a	Total of all amounts reported on line 3 for all rental prope	rties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties.	erties			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	12,	600.		
24	Income. Add positive amounts shown on line 21. Do no		-				24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	ie 22. E	nter to	otal losses here	25	(12,000.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-12,000.





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

Page 1

	al Year inning	STATE ISSUED						
	cal Year iling	YOUR DRIVER'S LICENSE/STATE ID						
1.	YOUR FIRST NAME KARTHEEK		МІ	YOUR SOCIAL SE		MBER		
	LAST NAME (For Name Change See IT-5 AMARAVATISUBRAMANYAM	11 Tax Booklet)		SU	JFFIX			
	SPOUSE'S FIRST NAME SRINITYA		MI	338-89-8		TY NUMBER	DEPARTMEN	IT USE ONLY
	LAST NAME PUTTA			su	IFFIX			
2.	ADDRESS (NUMBER AND STREET or P.O. BO) 936 PRESTON WOODS TRL	() (Use 2nd address lir	ne for Apt,	Suite or Building N	Number) (CHECK IF ADDRESS HAS CHANGED		
3.	CITY (Please insert a space if the city has mult SANDY SPRINGS	iple names)		state GA	ZIP CODE 30338			
(C	DUNTRY IF FOREIGN)							
4.	Enter your Residency Status with the ap	propriate number					Residency Status 4.	1
1.	FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		то			3. NONRE	ESIDENT
	Omit Lines 9 thru 14 and use Fo	rm 500 Schedu	le 3 if y	ou are a part	t-year or	nonresident filer.	Filing Status	
5.	Enter Filing Status with appropriate le	tter (See IT-511	Tax Bool	(let)			•	В
A. S	Single B. Married filing joint C. Married filing s	eparate (Spouse's socia	al security	number must be en	tered above)	D. Head of Household or G	Qualifying Survi	ving Spouse

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

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



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

YOUR SOCIAL SECURITY NUMBER 183-49-1351

2022

Page 2

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 f amount on line 8, 9, 10, 13 or 15 is negative, u		
 Federal adjusted gross income (From Federal I (Do not use FEDERAL TAXABLE INCOME) If the W-2s you must include a copy of your Federal 	he amount on Line 8 is \$40,000 or more, or your gross i	166744 ncome is less than your
9. Adjustments from Form 500 Schedule 1 (See I	T-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Lir	ne 8 and Line 9) 10.	166744
11. Standard Deduction (Do not use FEDERAL ST. (See IT-511 Tax Booklet)	ANDARD DEDUCTION) 11a.	7100
	al x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 1' Use EITHER Line 11c OR Line 12c (Do not write)		7100
12. Total Itemized Deductions used in computing Fed	leral 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	159644



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7400

2022

Page 3

14a. Enter the number from Line 6c. $\,2\,$ Multiply by \$2,700 for filing status A or D $\,$ 14a.

	or multiply by \$	3,700 for fi	ling status B	or C								
14b.	Enter the numb	er from Li	ne 7a.	Multiply	y by	· \$3,000		14b.				
14c.	Add Lines 14a	. and 14b.	Enter total					14c.				7400
	Income before Georgia NOL u applying the 8	ıtilized (Ca	annot excee	d Line 1	15a		after	15a. 15b.				152244
15c.	Georgia Taxab	le Income	(Line 15a l	ess Line	e 15	5b)		15c.				152244
16.	Tax (Use Tax	Rate Sche	dule in the	IT-511 T	Гах	Booklet)		16.				8519
17.	Low Income (Credit	17a.	17	b.			17c.				
18.	Other State(s)	Tax Cred	it (Include a	copy of	f th	e other state(s)	return)	18.				
19.	Credits used fr	om IND-C	R Summar	y Works	he	et		19.				
20.	Total Credits electronically		n Schedule	2 Geor	rgia	a Tax Credits (must be file	ed 20.				
21.	Total Credits Us	ed (sum of l	Lines 17-20)	cannot e	xce	ed Line 16		21.				0
22.	Balance (Line	16 less Lir	ne 21) if zer	o or less	s th	an zero, enter z	zero	22.				8519
GA		. For other - FL enter	· income sta				using the inc				e 12 or 13; F	G2-As on Line 4 Form G2-LP Line
1.	WITHHOLDING 1	•		1	1.	WITHHOLDING	•		1.	WITHHOLDING 1	•	
	X 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/PAY ID NUMBER (FEI			:	2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PAY ID NUMBER (FEI		
	45483423	16										
3.	EMPLOYER/PAY		WITHHOLDIN	IG ID	3.	EMPLOYER/PAY	ER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE W	ITHHOLDING ID
4.	GA WAGES / INC	OME 78744			4.	GA WAGES / INC	COME		4.	GA WAGES / INC	OME	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

5. GA TAX WITHHELD

This Page (3) is required for processing

REV 01/03/23 PRO

5. GA TAX WITHHELD

9755

5. GA TAX WITHHELD



2300411544

YOUR SOCIAL SECURITY NUMBER 183-49-1351

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Name		(INCOME STATE	MENT D)			(INCOME STAT	EMENT E)			(INCOME STATE	MENT F)	
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 3 EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 3 EMPLOYER/PAYER STATE WITHHOLDING ID 3 EMPLOYER/PAYER STATE WITHHOLDING	1.	WITHHOLDING 1	ГҮРЕ:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	YPE:	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 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 6. GA TAX WITHHELD 7. CHIEFE TAX WITHHELD 8. GA TAX WITHHELD 8. GA TAX WITHHELD 9. GA TA		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
ID NUMBER (FEIN) SSN		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
3. EMPLOYER/PAYER STATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME 4. GA WAGES / INCOME 5. GA TAX WITHHELD 6. GA T	2.	EMPLOYER/PAY	ER FEDERAL	-	2.	EMPLOYER/PAY	'ER FEDERA	L	2.	EMPLOYER/PAY	ER FEDERAL	
4. GA WAGES / INCOME 4. GA WAGES / INCOME 5. GA TAX WITHHELD 6. GA TAX		ID NUMBER (FEI	N) SSN	l		ID NUMBER (FE	N) SS	N		ID NUMBER (FEI	N) SSN	
4. GA WAGES / INCOME 4. GA WAGES / INCOME 5. GA TAX WITHHELD 6. GA TAX												
4. GA WAGES / INCOME 4. GA WAGES / INCOME 5. GA TAX WITHHELD 6. GA TAX												
5. GA TAX WITHHELD 5. GA TAX WITHHELD 5. GA TAX WITHHELD 23. Georgia Income Tax Withheld Only and include W-2s and/or 1099s) 23. [Enter Tax Withheld Only and include W-2s and/or 1099s) 24. [What include G2-A, G2-FL, G2-LP and/or G2-RP) 24. [What include G2-A, G2-FL, G2-LP and/or G2-RP) 25. [Satimated Tax paid for 2022 and Form IT-560 25. [Satimated Tax paid for 2022 and Form IT-560 26. [Cannot be claimed unless filed electronically) 27. [Satimated Tax Paid for 2022 and Form IT-560 27. [Satimated Tax Paid for 2023 and 26] 28. [Satimated Tax Paid for 2023 and 26] 28. [Satimated Tax Paid for 2023 and 26] 29. [Satimated Tax Paid for 2023 and 26] 30. [Satimated Tax Paid for 2023 and 26] 30. [Satimated Tax Paid for 2023 and 26] 30. [Satimated Tax Paid for 2023 and 26] 31. [Satimated Tax Paid for 2023 and 26] 31. [Satimated Tax Paid for 2023 and 26] 32. [Satimated Tax Paid for 2023 and 26] 33. [Satimated Tax Paid for 2023 and 26] 33. [Satimated Tax Paid for 2023 and 26] 33. [Satimated Tax Paid for 2024 and 2023 and 2024 and 2023	3.	EMPLOYER/PAY	ER STATE W	ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID
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23. Georgia Income Tax Withheld on Wages and 1099s	4.	GA WAGES / INC	OME		4.	GA WAGES / IN	COME		4.	GA WAGES / IN	COME	
23. Georgia Income Tax Withheld on Wages and 1099s												
23. Georgia Income Tax Withheld on Wages and 1099s												
(Enter Tax Withheld Only and include W-2s and/or 1099s) 24. Other Georgia Income Tax Withheld	5.	GA TAX WITHHE	LD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
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(Enter Tax Withheld Only and include W-2s and/or 1099s) 24. Other Georgia Income Tax Withheld												
24. Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G2-RP) 24. 25. Estimated Tax paid for 2022 and Form IT-560	23.	Georgia Incon	ne Tax With	held on Wages	s and	d 1099s		. 23.				9755
(Must include G2-A, G2-FL, G2-LP and/or G2-RP) 25. 25. Estimated Tax paid for 2022 and Form IT-560 25. 26. Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronically) 26. 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)		•	•			,						
25. Estimated Tax paid for 2022 and Form IT-560 25. 26. Schedule 2B Refundable Tax Credits	24.	Other Georgia	a Income T	ax Withheld				24.				
26. Schedule 2B Refundable Tax Credits		•				•						
(Cannot be claimed unless filed electronically) 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	25.	Estimated Tax	x paid for 20	022 and Form I	Γ-560)		25.				
(Cannot be claimed unless filed electronically) 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)												
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	26.							26.				
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due		•			-	•						
balance due	27.	Total prepayme	ent credits (Add Lines 23, 2	24, 2	5 and 26)		. 27.				9755
balance due	00	161: 00		7	07.0	1: 00	1 1					
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	28.			•								
overpayment								28.				
30. Amount to be credited to 2023 ESTIMATED TAX	29.							00				1026
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)		overpayment						29.				1236
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	00	A				TAV		00				0
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	30.	Amount to be	credited t	o 2023 ESTIMA	ILED) IAX		30.				U
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	0.4	Caaraia Wildli	ifa Canaani	otion Fund (No.	:£4 .	floor than ¢4	00)	31				
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	31.	Georgia wildi	ne Conserv	ation Fund (No	giit c	or iess than \$1.	.00)	. 31.				
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	00	Caaraia Eura	l fan Obildna	n and Eldarby (ff of loop them	¢4 00\	32				
34. Georgia Land Conservation Program (No gift of less than \$1.00)	32.	Georgia Fund	i ioi Chilare	n and Eldeny (r	NO G	nt of less than	\$1.00)	. 52.				
34. Georgia Land Conservation Program (No gift of less than \$1.00)	22	Coorgio Con	or Doogoro	b Eund (No gift	of la	oo than \$1 00		33				
35. Georgia National Guard Foundation (No gift of less than \$1.00)	33.	Georgia Cario	cei Researd	ii Funa (No giit	OI IE	:55 than \$ 1.00)		. 00.				
35. Georgia National Guard Foundation (No gift of less than \$1.00)	24	Georgia Land	Conservati	on Program (Ne	aift	of lose than \$	1 00)	34				
 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	34.	Ocolgia Lariu	Conscivati	oni iogiam (ite	giit	Or less than y	1.00/	•				
 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	35	Georgia Natio	nal Guard F	oundation (No.	aift c	of less than \$1	00)	35				
37. Saving the Cure Fund (No gift of less than \$1.00)	JJ.	Joongla Hallo	ar Guara I	Sandadon (140	9			55.				
37. Saving the Cure Fund (No gift of less than \$1.00)	36	Dog & Cat Ste	erilization Fi	and (No aift of I	ess	than \$1.00)		. 36				
38. Realizing Educational Achievement Can Happen (REACH) Program	55.	209 0 000 000		(1.10 gint 01 1	330			. 00.				
38. Realizing Educational Achievement Can Happen (REACH) Program	37.	Saving the Cu	ıre Fund (N	o gift of less th	an \$	1.00)		. 37.				
		g	(.		,						
	38.	Realizing Educa	ational Achie	vement Can Hap	pen ((REACH) Progra	ım	38.				
		(No gift of les	s than \$1.0	0)		. •						_



YOUR SOCIAL SECURITY NUMBER 183-49-1351

2022

Page 5

Preparer's Firm Name

GLOBAL TAXES LLC

9. Public Safety Memorial Grant (No gift of less than \$1.0	90) 39.
40. Form 500 UET (Estimated tax penalty) 500 UET ex	xception attached 40.
1. Penalty: Late Payment and/or Late Filing	41.
2. Interest	42.
43. (If you owe) Add Lines 28, 31 thru 42	OF REVENUE,
14. (If you are due a refund) Subtract the sum of Lines 30 thru	u 42 from Line 29
THIS IS YOUR REFUND	
Refund Due Mail To: GEORGIA DEPARTMENT OF REVE PO BOX 740380 ATLANTA, GA 30374-0380	NUE PROCESSING CENTER,
If you do not enter Direct Deposit information or if	you are a first time filer you will be issued a paper check.
4a. Direct Deposit (U.S. Accounts Only) Type: Checking X Sav	rings
Routing Number 111000025	Account Number 586036154790
	eturn (including accompanying schedules and statements) and to the best of my/our knowledge than the taxpayer(s), this declaration is based on all information of which the preparer has knowled
I/We declare under the penalties of perjury that I/we have examined this re	
I/We declare under the penalties of perjury that I/we have examined this re and belief, it is true, correct, and complete. If prepared by a person other to the structure of the	than the taxpayer(s), this declaration is based on all information of which the preparer has knowled
I/We declare under the penalties of perjury that I/we have examined this re and belief, it is true, correct, and complete. If prepared by a person other to a supplemental transfer of the complete of the com	than the taxpayer(s), this declaration is based on all information of which the preparer has knowled Spouse's Signature (Check box if deceased) Spouse's Date of Death Phone Number Spouse's Signature Date
I/We declare under the penalties of perjury that I/we have examined this re and belief, it is true, correct, and complete. If prepared by a person other to a support of the following state of the complete is a support of the complete. If prepared by a person other to a support of the complete is a support of the complete. If prepared by a person other to a support of the complete is a suppo	than the taxpayer(s), this declaration is based on all information of which the preparer has knowled Spouse's Signature (Check box if deceased) Spouse's Date of Death Phone Number Spouse's Signature Date
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I/We declare under the penalties of perjury that I/we have examined this re and belief, it is true, correct, and complete. If prepared by a person other to	spouse's Signature (Check box if deceased) Spouse's Date of Death Phone Number Spouse's Signature Date 8 – 9 3 9 6 Spouse to electronically notify me at the below e-mail address regarding any updates to
I/We declare under the penalties of perjury that I/we have examined this re and belief, it is true, correct, and complete. If prepared by a person other to	than the taxpayer(s), this declaration is based on all information of which the preparer has knowled Spouse's Signature (Check box if deceased) Spouse's Date of Death Phone Number Spouse's Signature Date 8 – 9 3 9 6 The property of the preparer has knowled and the preparer has knowledge and the prepar
I/We declare under the penalties of perjury that I/we have examined this reand belief, it is true, correct, and complete. If prepared by a person other to a	Spouse's Signature (Check box if deceased) Spouse's Date of Death Phone Number Spouse's Signature Date 8 – 9 3 9 6 sent of Revenue to electronically notify me at the below e-mail address regarding any updates to I authorize DOR to discuss this return with the named preparer. Preparer's Phone Number

REV 01/03/23 PRO

Preparer's SSN/PTIN/SIDN P02082703

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

2022	
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OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS) Head of	house	hold (HOI	H) [fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the	name of v	our spouse If vo	u checl	ked the HOH o	r OSS	hox ente	or the	•	se (QSS) name if th	e gualifying
one box.		on is a child but not your depender		your opouse. If yo	u onco		ı QOO	box, onto	, 1110	Orma 5	iamo ii tii	o qualitying
Your first name			Last na	me					1	our soc	ial security	v number
KARTHEER					ΜΔΝΥ	ΔM				183-49-1351		
						Spouse's social security number						
SRINITY			PUTT							338-89-8670		
		er and street). If you have a P.O. box, se						Apt. no.	_			n Campaign
	•	WOODS TRL						4	- 1		ere if you,	
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ate	ZIP	ode	8	spouse it	filing joint	tly, want \$3
SANDY SI		-					303			to go to this fund. Checking a box below will not change		
Foreign country		55	F				 	~~~~			or refund.	Jilaliye
. o. o.g., ooa	,			0.0.g., p.0100, 0	,	,		,			You Spous	
Digital	Δt an	ny time during 2022, did you: (a) red	coive (ac	a reward award	or nav	ment for prope	rty or	convices)	. or (h	المع (د		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a d				a dependent	40000). (GGG	01.00			
Deduction Deduction	_	Spouse itemizes on a separate retu	•	•		•						
		·		_								
Age/Blindness	You:	Were born before January 2,	1958 _	_ Are blind	Spouse	: Was bo		ore Janua	<u>, , , </u>		Is bli	
Dependents				(2) Social secu	urity	(3) Relationsh	nip (4) Check th	ne box	if qualifi	es for (see i	instructions):
If more	(1) Fi	First name Last name		number		to you		Child to	ax cred	credit Credit for o		er dependents
than four dependents,									ᆜ		<u>L</u>	
see instruction:	s ——								ᆗ		<u>L</u>	
and check	, —								ᆜ		<u>L</u>	
here	ļ										<u> </u>	
Income	1a	Total amount from Form(s) W-2, I	•	,						1a	17	8,744.
A441- F(-)	b	Household employee wages not	•							1b		
Attach Form(s) W-2 here. Also	С								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instruc	,			1				1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	i				1	
		Add lines 1a through 1h	. i .							1z	1.7	8,744.
Attach Sch. B	2a	Tax-exempt interest	2a			Taxable interes				2b		
if required.	3a	Qualified dividends	3a			Ordinary divide				3b		
	4a	IRA distributions	4a			Γaxable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			Faxable amoun				5b		
Single or	6a	Social security benefits	6a			Faxable amoun	it			6b		
Married filing separately,	_ C	If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950	7	1 0 ()		•	•	•			. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, li								8		2,000.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	16	66,744.	
\$25,900 Adjustments to income from Schedule 1, line 20										10		
Head of household, Subtract line 10 from line 9. This is your adjusted gross income										11		66,744.
\$19,400	12	Standard deduction or itemized		•	,					12	2	25,900.
If you checked any box under	13	Qualified business income deduc								13	-	
Standard Deduction,	14	Add lines 12 and 13							14		25,900.	
see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -U This	is your	taxable incom	1е .			15	1 14	0,844.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	22,	,220.
Credits	17	Amount from Schedule 2, lin	e3				·	17		
	18	Add lines 16 and 17						18	22,	,220.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	22,	,220.
	23	Other taxes, including self-en	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	22,	,220.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	36,438.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	36,	,438.
	26	2022 estimated tax payment						26		
If you have a Lagualifying child,	27	Earned income credit (EIC)				27				
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				31				
	32	Add lines 27, 28, 29, and 31.					s	32	1	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	36.	,438.
	34	If line 33 is more than line 24						34		,218.
Refund	35a	Amount of line 34 you want I						35a		,218.
Direct deposit?	b	Routing number 1 1 1					∟]Savings	Jour		
See instructions.	d	Account number 5 8 6					_ oaviiigo			
	36	Amount of line 34 you want a				36				
Amount You Owe	37	Subtract line 33 from line 24	. This is the am o	ount you owe.						
rou owe	00	For details on how to pay, go	•	•		1 1		37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another structions	•				Complete	holow	X No	
Designee		signee's		Phone			ersonal iden		_	
	nar			no.			mber (PIN)	uncation		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation				ent you an Ider PIN, enter it he	
Joint return? See instructions.				SOFTWARE ENGINEER (5			e inst.)			
Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					ent your spous tection PIN, er		
your records.				HOME MAKER (s						
	Ph	one no. (210)388-939	 ก	Email address		AVATI90@GMAIL.	СОМ			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN			32703	Self-em	nployed
Preparer		m's name GLOBAL TAX		D110111(COLILI INDUM.	- 0 1 / 0 1 / 2 0 2			(678)965	
Use Only		m's address 245 ROONE		INSWICK N.	J 08816			n's EIN	84-31	
Co to were fee				TION TOR IN				3 L		040 (2022)
GO TO WWW.IIS.go	v/rom	n1040 for instructions and the lates	ot inionnation.		BAA	REV 03/22/23 PRO	J		Form IC	J-TU (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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.

					r social security number			
KART	19-13	51						
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								
4	Other gains or (losses). Attach Form 4797		4					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-12,000.			
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						
	Stock options	8k		-				
ı	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		-				
	Section 951(a) inclusion (see instructions)	8n		-				
0	Section 951A(a) inclusion (see instructions)	80 8n		-				
р	Taxable distributions from an ABLE account (see instructions)	8p 8q		-				
q r	Scholarship and fellowship grants not reported on Form W-2	8r		-				
	Nontaxable amount of Medicaid waiver payments included on Form	OI						
	1040, line 1a or 1d	8s ()					
t	Pension or annuity from a nonqualifed deferred compensation plan or							
	a nongovernmental section 457 plan	8t						
	Wages earned while incarcerated	8u						
Z	Other income. List type and amount:							
		87						

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

-12,000.

10

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-ba	asis 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 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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		, , , , ,	la		
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			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		la la		
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)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	