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.

Submission Identification Number (SID)

Тахрау	/er's name		Social s	security	/ numb	er
HIM	IABINDU KATIPALLI		789	-67-	9438	3
Spouse	e's name		Spouse	's soci	al secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022	(Enter	r year y	ou ar	e aut	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	89,668.
2	Total tax				2	7,578.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. [3	12,011.
4	Amount you want refunded to you				4	4,433.
5	Amount you owe				5	

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

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

Taxpayer's PIN: check one box only

	1 dutiion20			ERO firm name	to enter of generate my r in	E	I
X	l authorize	GLOBAL T	PAXES	T.T.C	to enter or generate my PIN		/

Ent	as my				
7	9	4	3	8	

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

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

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature	Date							 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					6 all zei	 9	89	}

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

ERO's signature ► Date ►								
ERO Must Retain This F Don't Submit This Form to the I								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/24/23 PRO	Form 8879 (Rev. 01-2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple	n this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of	0	separately (N use. If you ch	,				spou	lifying surv use (QSS) a name if th	0
Your first name	and mi	iddle initial	Last na	ame						Your so	cial securit	y number
HIMABIND				[PALLI						789-67-9438		
		s first name and middle initial	Last na									urity number
												,
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.	Preside	ntial Electio	on Campaigr
7651 FEN											nere if you,	
		ce. If you have a foreign address, also co	omplete s	spaces bel	ow.	Sta	te	ZIP c	ode		0,	tly, want \$3
INDIAN L		,,,					297		0	o this fund. ow will not	Checking a	
Foreign country				Foreian pr	ovince/state/o	-		-	n postal code		c or refund.	change
,				5 1			, ,			5	You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a rewarc	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Assets		ange, gift, or otherwise dispose of a				-		-			Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	it 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	•				•					
Age/Blindness	Your	Were born before January 2, 1	958	Are bli	ind Spo		• 🗌 Was bor	n hefe	ore January 2	1958	Is bl	ind
			550 L					14	Check the b			-
Dependents		iristructions): irst name Last name		(2) 8	Social security number		(3) Relationsh to you	ip (Child tax ci	· · ·		ner dependents
lf more than four	AIF			026	-63-262	0	Daughter		X	oun		
dependents,	AIF	CHEVVA		0.50	-03-2020	0	Daughter				ידי די	<u></u>
see instructions	3										۱ ۲	
and check here											۱ ۲	
	1a	Total amount from Form(s) W-2, b	ov 1 (se		tions)					. 1a		
Income	b	Household employee wages not re			,					. 1b		<i>,</i> 000.
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					. 10		
W-2 here. Also	d	Medicaid waiver payments not rep						• •		. 10		
attach Forms W-2G and	e	Taxable dependent care benefits f						• •		. 1e		
1099-R if tax	f	Employer-provided adoption bene						• •		. 16	-	
was withheld.	g	Wages from Form 8919, line 6 .			-			• •		. 1g	_	
lf you did not get a Form	9 h	Other earned income (see instruct								. 1h		0.
W-2, see	i	Nontaxable combat pay election (s	,				 					
instructions.	z	Add lines to through th		,						. 1z	8	39,668.
Attach Sch. B		Ŭ	2a				axable interest			. 2b		
if required.	3a		3a				ordinary divider			. 3b		
	4a		4a				axable amoun			. 4b		
Standard	5a		5a				axable amoun			. 5b		
Deduction for-	6a		6a				axable amoun			. 6b		
 Single or Married filing 	С	If you elect to use the lump-sum e		method.					[
separately,	7	Capital gain or (loss). Attach Sche							[7		
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	5	39,668.
surviving spouse,	10	Adjustments to income from Sche								. 10		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11		39,668.
household,	12	Standard deduction or itemized	-							. 12		19,400.
\$19,400 • If you checked	13	Qualified business income deduct					5-A			. 13		
any box under Standard	14	Add lines 12 and 13								. 14		9,400.
Deduction,	15	Subtract line 14 from line 11. If zer					taxable incom	e .		. 15		70,268.
see instructions.				.,					· · ·	.0		

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

Form **1040** (2022)

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	9,578.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	9,578.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	2,000.
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,578.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	7,578.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	12,01	1.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	<i>.</i>					. 25d	12,011.
	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return			. 26	
If you have a l qualifying 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, lir				31			
	32	Add lines 27, 28, 29, and 31				undable cred	ts.	. 32	
	33	Add lines 25d, 26, and 32. T		=	-			. 33	12,011.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpa	id.	. 34	4,433.
Reluita	35a	Amount of line 34 you want				•		35a	4,433.
Direct deposit?	b	Routing number 0 6 4					Savin	gs	
See instructions.	d	Account number 4 4 4							
	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 vou owe					
You Owe		For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			1
Designee		•	•				. Comple	ete below.	X No
		signee's		Phone				lentification	
	na			no.			umber (Pl		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ui signature		Date	Tour occupation				PIN, enter it here
Joint return?					SOFTWARE I	DEVELOPER	2 0	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								dentity Prot (see inst.)	ection PIN, enter it here
,		(40.4) 0.4.6. 0.7.5						500 mot.)	
		one no. (424) 346-375	1	Email address	HIMABINDUKATI			1	Chook if:
Paid		eparer's name	Preparer's signat			Date			Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/28/202		082703	Self-employed
Use Only		m's name GLOBAL TA		NOLIT OF	T 00016				(678) 965-9522
			Y CT E BRU	INSWICK N				Firm's EIN	84-3171965
Co to www.ire a	ov/Eorr	n1040 for instructions and the late	ct information						Earm 1()4() (2022)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

Go	to www.irs.gov	/Schedule8812 for	instructions and	d the lates	st information
au	10 10 10 10 10 10 10 10 10 10 10 10 10 1		modulo an		

2022 Attachment Sequence No. 47

Name(s	s) shown on return	Your	social s	ecurity number
HIMA	BINDU KATIPALLI	789.	-67-9	9438
Pa	rt I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	89,668.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	Ο.
3	Add lines 1 and 2d	.	3	89,668.
4	Number of qualifying children under age 17 with the required social security number 4	1		·
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	200,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. J	. 1	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	1	13	9,578.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	•	14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
		00.41	1 1	07

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022			Page 2
Part	II-A Additional Child Tax Credit for All Filers			
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A	and II-B. Enter -0- on line	e 27 .	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tat and II-B. Enter -0- on line 27	• • • • • • • •	16a	0.
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: Enter the result. If zero, stop here; you cannot claim the additional child tax credit. SI Enter -0- on line 27	kip Parts II-A and II-B. u used for line 4.	16b 17	
20 Part	 ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Multiply the amount on line 19 by 15% (0.15) and enter the result	from line 17 on line 27.	20 s of F	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22		
23	Add lines 21 and 22	23	-	
24	1040 and1040-SR filers:Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.1040-NR filers:Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the larger of line 20 or line 25		26	
	Next, enter the smaller of line 17 or line 26 on line 27.			
Part	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or	1040-NR, line 28	27	
	BAA REV 02/24/23	PRO Sch	edule 8	812 (Form 1040) 2022

886 Form

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or Go to www.irs.gov/Form8867 for instructions an

OMB No. 1545-0074

For tax year 20

SR, 1040-NR, 104	Attachment					
d the latest inform	Sequence No. 70					
	Taxpayer identification num					

Taxpayer name(s) shown on return	Taxpayer identification number					
HIMABINDU KATIPALLI	789-67-9438					
Preparer's name	Preparer tax identification number					
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703					

Due Diligence Requirements Part I

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC X CTC/ACTC/ODC × HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes No N/A 1

	Did you complete the return based on information for the applicable tax year provided by the taxpayer			
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of	X		
3	the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If " No ," go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	×		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? $\$.	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			

8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and
	correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/24/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC. A	CTC.
	or ODC, go to Part IV.)		,	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC)), go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No X
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:		Ū	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	any app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under

1. A copy of this Form 8867.

-

- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify	/ that	all	of t	he	ansv	wers	or	n this	s Fo	rm	886	67 a	re, t	o th	e b	est	of y	/our	knc	owle	edge	e, tru	le,	cori	rect	, and	Yes	No
	complete?																											X	

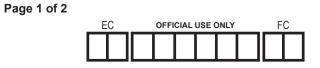
REV 02/24/23 PRO

Form 8867 (Rev. 11-2022)

PA-40 - 2022 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

				Ν	Extension.	Ν	Amended Return.
785	1679438			_	Desidence States		
KAI	'IPALLI			Р	Residency Status PA R esident/ N or		Part-Year Resident
						1755	to 033755
HIM	IABINDU	Occupatio	ⁿ SOFTWARE D	Ζ	Single, Married/ Married/Filing S		
		Occupatio	n		Warneu/Tining	separatery.	
				Ν	Deceased		
				Ν	Taxpayer Date of	f Death	
				N	Spouse Date of I	Death	
765	51 FENN WAY				_		
тыт	IAN LAND	ZC	29707	Ν	Farmers. School District N	Jama N A	
TINT	IAN LAND	36			School District I		
	424-346-3757		99999				
1a	Gross Compensation. Do not include e qualifying retirement benefits. See the	-		and	la		15000
1b	Unreimbursed Employee Business Exp	enses			lb		٥
1c	Net Compensation. Subtract Line 1b fr		a.		lc		15000
2	Interest Income. Complete PA Schedul	le A if requ	lired.		2		٥
3	Dividend and Capital Gains Distribution	-		luired.	2		Ō
4	Net Income or Loss from the Operation	of a Busin	ess, Profession or Farm.		4		0
5	Net Gain or Loss from the Sale, Exchange	-			5		0
6	Net Income or Loss from Rents, Royal				6 7		0
7	Estate or Trust Income. Complete and s				r B		0
8	Gambling and Lottery Winnings. Com				9		0
9	Total PA Taxable Income. Add only to 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD as			с,	,		15000
	2, 5, 7, 5, 0, 7 and $0.$ DO NOT ADD a	ily 103563 I	eported on Lines 4, 5 or 0.				
10	Other Deductions. Enter the appropri		or the type of deduction.	Ν	10		D
	See the instructions for additional info				1 1 1		
11	Adjusted PA Taxable Income. Subtract	et Line 10	from Line 9.		77		15000
1555	REV 01/31/23 PRO						





PA-40 - 2022

Social Security Number

789679438 Name(s)	HIMABINDU	KATIPALLI
-------------------	-----------	-----------

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	46Ն 46Ն
14 15 16 17 18	Credit from your 2021 PA Income Tax return. 2022 Estimated Installment Payments. REV-459B included. N 2022 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	0 0 0 0
19a	 Forgiveness Credit. Submit PA Schedule SP. Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. 	19a 19b 20 21	00 00 0
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1. Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 0 461 0 0 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	29 28	0 0
30 31	The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. Credit – Amount of Line 29 you want as a credit to your 2023 estimated account.	31 30	0 0
33	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all		
	panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete. Signature Spouse's Signature, if filing jointly		
SΎ	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D22823 39659522 Firm FEIN Preparer's	1	N 843171965 P02082703
	1555 REV 01/31/23 PRO Preparer s Preparer s	1 1 1 1 1	FUCUDE(UJ



CLGS-32-1 (04-16)
a A a

TAXPAYER ANNUAL LOCAL FARNED INCOME TAX RETURN POCONO TWP

				100			
You are entitled to receive a v	written explanation of your rights with regard to the aud	it, appeal, enforcer	nent, refund and collection of l		, 		
*If you have relocated during the tax year, p	lease supply additional information.			Tax Yea	r 22		
DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or	r RR)	CITY OR POST OFF	ICE S	TATE ZIP		
ТО							
ТО							
IT.					ce - please see back of form.		
LAST NAME, FIRST NAME, MIDDLE IN	IITIAL	SPOUSE'S LAS	T NAME, FIRST NAME, MID	DLE INITIAL			
KATIPALLI, HIMABINDU STREET ADDRESS (No PO Box, RD or	- BB)						
7651 FENN WAY							
SECOND LINE OF ADDRESS							
				1			
CITY INDIAN LAND			STATE	ZIP CODE 29707			
DAYTIME PHONE NUMBER	RESIDENT PSD CODE	1	50	25707			
	4 5 0 3 0 6	EXTEN			NON-RESIDENT		
The calculations reported in the first	t column MUST pertain to the name printed	Sc	ocial Security #	Spouse'	's Social Security #		
· ·	ether the husband or wife appears first.	7 8 9	6 7 9 4 3 8				
Combining inc	ome is NOT permitted.	If you had I	NO EARNED INCOME,	If you had I	NO EARNED INCOME, k the reason why:		
ONLY USE BLACK OR BLL	JE INK TO COMPLETE THIS FORM	checl	k the reason why:	disabled	k the reason why:		
	· · · · · · · · · · · · · · · · · · ·	disabled deceased	military	deceased	military		
Single Married, Filing Jointly	Married, Filing Separately Final Return*	homemake	er retired	homemake	er retired		
		unemploye	ed		ed		
1. Gross Compensation as Report	ed on W-2(s). (Enclose W-2s)		15000 . 00		0.00		
2. Unreimbursed Employee Busine	ess Expenses. (Enclose PA Schedule UE)		0.00		0.00		
3. Other Taxable Earned Income *			0.00		0.00		
	(Subtract Line 2 from Line 1 and add Line 3)		15000.00		0.00		
 Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings che)		0.00		0.00		
6. Net Loss (Enclose PA Schedules*)			0.00		0.00		
7. Total Taxable Net Profit (Subtract I	Line 6 from Line 5. If less than zero, enter zero)		0.00		0.00		
8. Total Taxable Earned Income and	d Net Profit (Add Lines 4 and 7)		15000. 00	0.00			
9. Total Tax Liability (Line 8 multipl	ied by 1.0000)		150.00		0.00		
10. Total Local Earned Income Tax	Withheld (May not equal W-2 - See Instructions)		150.00		0.00		
11.Quarterly Estimated Payments/0	Credit From Previous Tax Year		0.00		0.00		
12. Out-of-State or Philadelphia Cre	edits (include supporting documentation)		0.00		0.00		
13. TOTAL PAYMENTS and CRED	DITS (Add Lines 10 through 12)		150.00		0.00		
	, enter amount (or select option in 15)		0.00		0.00		
Credit to next year Cre	unt of Line 13 you want as a credit to your account) dit to spouse		0.00		0.00		
16. EARNED INCOME TAX BALA	NCE DUE (Line 9 minus Line 13)		0.00		0.00		
17. Penalty after April 15* (multiply			0.00		0.00		
18. Interest after April 15* (multiply	,		0.00		0.00		
``````````````````````````````````````	nes 16, 17, and 18)		0.00		0.00		
*See Instructions	REV 01/31/23 PRO	o overined this !-	formation industing all	moonving			
	er penalties of perjury, I (we) declare that I (we) hav schedules and statements and to the best of my	(our) belief, they	are true, correct and comple	te.			
YOUR SIGNATURE	SPOUSE'S	SIGNATURE (If F	iling Jointly)		DATE (MM/DD/YYYY)		
PREPARER'S PRINTED NAME & SIGN/ SYAM PRIYA RAM SAGAR				PHONE NUMBER (678)965-			
Make Check Payable To:	Mail To:						
mane encon i ayabie 10.	width TU.						



PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

	Social Security Number
HIMABINDU KATIPALLI	789-67-9438
Secondary Taxpayer's Name	Social Security Number

SECTION I	TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2022 (whole dollars only)	
1. Adjusted PA taxable	ncome (Form PA-40, Line 11)	15,000
	PA-40, Line 12)	1.01
3. Total PA tax withheld	(Form PA-40, Line 13)	461
4. Amount to be refund	ed (Form PA-40, Line 30)	
5. Total payment (tax d	ue) (Form PA-40, Line 28)	0

#### SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

#### PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 79438
 as my signature on my tax year 2022

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

I authorize ________ to enter my PIN ______ as my signature on my tax year 2022 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

Date

Date

#### SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN	Enter vour	six-diait EFIN	followed by you	r five-diait se	elf-selected PIN
	Enter your	on angle El III	101101104 55 504	i iivo aigit ot	

222496 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name HIMABINDU KATIPALLI

Social Security Number 789-67-9438

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
		T T		SP TECH RESOURCES INC 37-1795098 BROADMOOR SOLUTIONS INC 26-0208000	15,000. 15,000. 74,668. 75,943. 	15,000. 461. 74,668. 0.	PA NJ

Pennsylvania W-2	Taxpayer 15,000.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9	i	
Federal Form 4137, Unreported Tips, line 6       Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	461.	

#### Federal Forms W-2: Local Tax

<b>#</b> of W2	*	TS	Employer identification number from box B	Locality name Local wages tips, etc. (local) from box 18		Local income tax (local) from box 19	ST ID
		T	37-1795098	45	15,000.	150.	PA

Pennsylvania Local W-2	<b>Taxpayer</b> 15,000.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	150.	

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements	-	

*       Payér's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhe         Image: Stript of the s	*	Payer Name		Pa	yer EIN	T/S	Code	PA Taxabl Comp.	e PA Tax Withheld	Fed. Income
Executor fee       H       Other nonemployee compensation.         Jury duty pay       Director's fee       I         Expert withress fee       I       Employer sponsored retirement/pension/deferred compensation plan.         Expert withress fee       Distribution from Life Insurance, Annuity or Endowment Contracts         Covenant not to compete       Distribution from Employee Stock Ownership Plan.         Describe:       Distribution from Employee Stock Ownership Plan.         Describe:       N         Withholding       N         Fiduciary fees from a trust       O         Other income not listed above       Describe:         Miscellaneous Compensation from Form 1099MISC/1099K/1099KC.       Taxpayer         Spouse       Mithholding         *       Payer's Name       S         Payer's Name       S       ##										
Executor fee       H       Other nonemployee compensation.         Dury duty pay       Discribu:         Director's fee       Employer sponsored retirement/pension/deferred compensation plan         Expert withress fee       Distribution from Life Insurance, Annuity or Endowment Contracts         Covenant not to compete       Distribution from Endloyee Stock Ownership Plan.         Describe:       Distribution from Employee Stock Ownership Plan.         Describe:       Distribution from Federal Forms 1099R         Mitchellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer         Spouse       Spouse         Withholding       T         Payer's EIN       T         Payenty Einson       T										
Taxpayer       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.         Compensation from Federal Forms 1099R         *       Payer's EIN       T       Fed       PA       Gross       PA Taxable       PA Taxable       PA Ta         *       Payer's Name       T       Fed       PA       Gross       PA Taxable       Withhe         •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •	Exe Jur Dir Exp Ho Co Da Ios	ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than	I J K L or M N	Descri Emplo Distrib Distrib Distrib Distrib Descri Fiducia Other	be: yer sponso ution from ution from ution from ution from be: ary fees fro ncome no	ored re IRA ( ⁻ Life Ir Chari Emplo	etiremer Tradition surance table Gi byee Ste	nt/pension/de nal or Roth) e, Annuity or ft Annuities	Endowment C	-
Payer's EIN Payer's Name       T S       Fed #       PA Type       Gross Distribution       Basis       PA Taxable       PA Ta         Payer's Name       T       #       #       Type       Distribution       Basis       PA Taxable       Withhe         Payer's Name       T       #       #       Type       Distribution       Basis       PA Taxable       Withhe         Payer's EIN Payer's Ein       Fed       #       #       Payer's Ein								с	payer	Spouse
*       Payér's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhe         Image: Strain S		1	Comp	ensati	on from	Fede	ral For	ms 1099R		1
nnsylvania Distribution type:       Image: None of the state of the s	*	Payer's EIN Payer's Name			-			Basis	PA Taxable	PA Tax Withheld
Innsylvania Distribution type:       Image: No entry       Image: No entryImage: No entry       Image: No entryImage:			 							
No       No       entry       122       I'm not eligible yet; plan is eligible in PA         1       PA school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         1       United Mine Workers pension       J2       Traditional or Roth IRA; I'm over 59.5         2       Military pension       J2       Traditional or Roth IRA; I'm over 59.5         3       U.S. Civil service retirement/disability/annuity       K2       Non-qualified deferred compensation plan         4       Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)       K3       Life insurance or endowment         1       Early distribution from a retirement plan       K2       ESOP: Non-Allocated ESOP Stock Dividend         3       I'm eligible; plan is eligible (no PA tax)       M4       KSOP: Taxable ESOP within a 401(k)         M       KSOP: Nontaxable ESOP within a 401(k)       Taxpayer       Spouse         Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)       Taxpayer       Spouse         Distribution from Form 1099R (eligible retirement plans)	* E	Enter an 'X' if this incom	ne is <b>No</b>	t subjec	t to Penns	ylvani	a tax - F	PA Part-Year	and Nonresid	ents Only.
Distribution from Life Insurance, Annuity, Endowment Contracts or	N No 1 PA 1 Un 2 Mili 3 U.S 1 Ani (ind 1 Eai 2 Ro	entry school, state, or munic ited Mine Workers pen itary pension 5. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover	cipal em sion ent/disat ce disab ivorship etiremer	ility/anr ility Annuity it plan	uity	J1 J2 K3 L M1 M2 M2	<ol> <li>Trad</li> <li>Trad</li> <li>Non-</li> <li>Life i</li> <li>Distr</li> <li>ESO</li> <li>ESO</li> <li>KSO</li> </ol>	itional or Ro qualified def nsurance or ibution from P: Allocated P: Non-Alloc P: Taxable E	th IRA; I'm ove th IRA; I'm und erred compens endowment Charitable Gift ESOP Stock I cated ESOP St ESOP within a	r 59.5 ler 59.5 sation plan Annuities Dividend ock Dividend 401(k)
Taxpayer       Spouse         Total gross compensation to Form PA-40 line 1a       15,000.         Total Schedule NRH gross compensation to PA-40, line 12       15,000.	Distr Com	ineligible retirement pla ibution from Charitable pensation from Form 1	ans (see e Gift An 1099R (e	Tax He nuities ligible r	Ip FAQ's I	for mo  plans)	re info) 	· · · · · ·		-
Total gross compensation to Form PA-40 line 1a       15,000.         Total Schedule NRH gross compensation to PA-40, line 12       15,000.				Tota	Gross C	Comp	ensati	on		
	Tota	l gross compensation t	o Form	PA-40 li	ne 1a o PA-40 I	ine 12		1	<b>payer</b>	<b>Spouse</b> 0

789-67-9438

Page 2

Total gross compensation to Form PA-40 line 1a ..... 15,000.

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

HIMABINDU KATIPALLI



#### 2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

 $\cap \Delta$ OMP

> Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) KATIPALLI HIMABINDU

789679438

540859355

Your Social Security Number (required)

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50) 1205

Home Address (Number and Street, including apartment number) 7651 FENN WAY

City, Town, Post Office	State	ZIP Code
INDIAN LAND	SC	29707

Driver's License Number (Voluntary) (See instructions) K08193330059911

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** 

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.		(	064000020
dd5. Account number		dd5.		444(	)21615690

Note: This does not reduce your refund or increase your balance due.



Γ				HIMABINDU			
NJ-1 2022 Page		P02220	Your Social Security N 789679438	umber			1555
Part-	year residents, provide months/days you	ı were a New Jersey reside	ent during 2022:	Fiscal ye	ar filers onl	y:	
Fron	и: 040122 то: 1	123122		Enter mo	onth of your	year end	2023
	g Status only one.						
1.	Single						
2.	Married/CU Couple, filing join						
3.	Married/CU Partner, filing sep	barate return					
4.	X Head of Household	CLI Destant		Enter spouse's/CU partn	ier's SSN		
5.	Qualifying Widow(er)/Survivi Indicate the year of your spous	0	2020 202	21			
	nptions the ovals that apply. You must enter a total in	-	nplete the calculation.				1000
6.	Regular	× Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	
7.	Senior 65+ (Born in 1957 or earlier)	Self	Spouse/CU Partner			x \$1,000 =	
8. 9.	Blind/Disabled Veteran	Self Self	Spouse/CU Partner Spouse/CU Partner			x \$1,000 = x \$6,000 =	
9. 10.	Qualified Dependent Children	3611	Spouse/CO Farmer		1	x \$0,000 = x \$1,500 =	
11.	Other Dependents				-	x \$1,500 =	
12.	Dependents Attending Colleges (See i	nstructions)				x \$1,000 =	
13.	Total Exemption Amount (Add totals	from the lines at 6 through	12)			13.	2500 .
		-					
14.	Dependent Information. Provide the f	following information for e	each dependent.				
	Last Name, First Name, Middle Initial	l		Social Security Number		Birth Year	No Health Insurance
a.	CHEVVA, AIRA			836632620		2021	
b.							
с.							
d.							



**NJ-1040** 2022 Page 3

## Name(s) as shown on Form NJ-1040 KATIPALLI HIMABINDU

Your Social Security Number 789679438

1.5		15	74668	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	/4000	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net gambling winnings (See instructions)	24.		•
25.	Alimony and separate maintenance payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	74668	•
28a.	Pension/Retirement Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	74668	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1875	•
31.	Medical Expenses (See Worksheet F and instructions)	31.		•
32.	Alimony and separate maintenance payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37a.	NJBEST Deduction	37a.		
37b.	NJCLASS Deduction	37b.		
37c.	NJ Higher Ed. Tuition Deduction	37c.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1875	
39.	Taxable Income (Subtract line 38 from line 29)	39.	72793	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1728	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1728	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	71065	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1333	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.	1333	
46.	Sheltered Workshop Tax Credit	46.		
47.	Gold Star Family Counseling Credit (See instructions)	47.		
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		
49.	Total Credits (Add lines 46 through 48)	49.		
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	1333	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0001	
52.	Interest on Underpayment of Estimated Tax	52.	0	
	Fill in if Form NJ-2210 is enclosed	-		
53.	Shared Responsibility Payment (See instructions)     REQUIRED Enclose Schedule HCC and fill in	53.	0	



**NJ-1040** 2022 Page 4

#### Name(s) as shown on Form NJ-1040 KATIPALLI HIMABINDU

Your Social Security Number 789679438

1555

54.	Total Tax Due (Add lines 50 through 53)		54.		1333	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.		3487	•
56.	Property Tax Credit (See instructions page 24)		56.			
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.			•
58.	New Jersey Earned Income Tax Credit (See instructions)		58.			
	Fill in if you had the IRS calculate your federal earned income credit					
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit					
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.			
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.			
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.			
62.	Wounded Warrior Caregivers Credit (See instructions)		62.			
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.			
64.	Child and Dependent Care Credit (See instructions)		64.			•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit					
65.	New Jersey Child Tax Credit (See instructions)		65.		75	
	Number of dependents under age 6 on 12/31/2022			1		
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.		3562	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.			
	If you owe tax, you can still make a donation on lines 70 through 77.					
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	the overpayment	68.		2229	
69.	Amount from line 68 you want to credit to your 2023 tax		69.			
70.	Contribution to N.J. Endangered Wildlife Fund		70.			•
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.			
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.			•
73.	Contribution to N.J. Breast Cancer Research Fund		73.			•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.			
75.	Other Designated Contribution (See instructions)	Enter Code	75.			
76.	Other Designated Contribution (See instructions)	Enter Code	76.			•
77.	Other Designated Contribution (See instructions)	Enter Code	77.			•
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.			•
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.			•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		2229	•

Under penalties of perjury, I declare that I have examined th the best of my knowledge and belief, it is true, correct, and c based on all information of which the preparer has any know	Tax Due Address           Enclose payment along with the NJ-1040-V payment           voucher and tax return. Use the labels provided with the           envelope and mail to:           State of New Jersey           Division of Taxation						
Your Signature Date	Spouse's/CU P	Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111				
Paid Preparer's Signature		Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:				
SYAM PRIYA RAM SAGAR GUN	PTA TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address				
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555				
GLOBAL TAXES LLC		84-3171965	Trenton, NJ 08647-0555				

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Division Use:

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## New Jersey Health Care Coverage

2022

If your income on line 29 is at or below the filing threshold,

do not complete this schedule.

Name as Shown on Return	Social Security No.
KATIPALLI HIMABINDU	789-67-9438

#### Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

 Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

### Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check							•		nber .	
Exemption Code		-	Check							•	on nur	nber .	
			Check	box if t	his indi		s unde	r 18 .					
Exemption Code		-	Check							•		nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check							•	on nur	nber -	
			Check	box if t			s unde	r 18 .					
Exemption Code		-	Check									nber .	
			Check										
Exemption Code		-	Check							•	on nur	nber .	
			Check				s unde						
Exemption Code		_	Check							•	on nur	nber .	
			Check				s unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check										
Exemption Code		_	Check Check							•			

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