Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social security number					
SHI	VA GURRAM	888-57-0	0225				
Spouse	's name	Spouse's social	I security number	_			
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are	e authorizing.)				
Enter	whole dollars only on lines 1 through 5.						
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1 102,897.	•			
2	Total tax		<b>2</b> 15,418.	•			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	<b>3</b> 19,199.				
4	Amount you want refunded to you		<b>4</b> 3,781.				
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
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X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

Enter five of don't enter	⊣ as my	
7 0 2	2 5	

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

$\leq$	1iva:q

Date 🕨	02/23/2023	

to enter or generate my PIN

Spouse's	PIN:	check	one	box	only	
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I authorize

as mv En

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n't	enter	all ze	ros

do

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 E	ate					 		
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 Iter al	_	8	9

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 🕨	
	e Instructions Requested To Do So		
For Denerwork Deduction Act Nation	very tex veture instructions	BEV 02/10/22 BBO	Earm 8879 (Bay, 01 2021)

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

Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       .       7       -1,283.         • Married filing birth or regime       8       Other income from Schedule 1, line 10       .       .       .       8       -10,157.	<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
One Exx,       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying periods is a child but only your dependent:       Your social security number         Your the name and middle initial       Last name       Your social security number         SHIVA       GURRAM       Stocket's social security number         Home address (number and sheet). If you have a P.O. box, see instructions.       Apt. no.       Presidential Bection Campaign         13.03       VARS TITY LN       The draw a drage address, also complete spaces below.       State       ZIP code       tpous the fing (ontr), word 5 are reflect.         13.03       VARS TITY LN       Concellents       Toring (ontr), word 5 are reflect.       State       ZIP code       tpous the fing (ontr), word 5 are reflect.         Foreign country name       Foreign province#tate/country       Foreign province#tate/country       Foreign province#tate/country       Foreign province#tate/country       If word is child is an are vertified.         Standard       Somecone can claim:       O'Ou as a dependent:       O'Ou as a dependent:       If word is child is an are vertified.       If word is address of qualities for gee instructions;       Vertified is word is address for gee instructions;       Vertified is word is address for gee instructions;       Vertified is word is word is address for gee instructions;       Vertified is word is		X	Single	] Married fil	ing separately (M	IFS)	Head of	house	hold (HOH)		
SHIVA         GURRAM         888-57-0225           If joint return, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and street). If you have a PO, box, see instructions.         Apt no.         Presidential Election Campaign Check non, or pool office. If you have a foreign address, also complete spaces below.         State         IP oode         Presidential Election Campaign Spouse filling jointly, want 35           BEAR         DE         19701         Spouse's social security number         Toreign province/state/county         Foreign postal code         IV our _ spouse           Standard         Someone can called miss.         Quality as a dependent         You = you as a dependent         Vers _ No         Standard           Dependents, see instructions:         (I) First name         Quality as dependent         Quality as a dependent         (Q) Heationable         (Q) Check the box if qualifies for (see instructions)           If more definition form         (I) First name         Lust name         Quality as a dependent         (Q) Check the box if qualifies for (see instructions)           If more definition form form(s) W-2, box 1 (see instructions)         I         I         I         I           Mark Mark Mark         III anount from Form(s) W-2, box 1 (see instructions)         I         I         I           Mark Mark Mark		-		•	spouse. If you ch	ieck	ed the HOH or	QSS	box, enter th	•	( )
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and stree), If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         13.03 VARSITY LN       Display       Display </td <td>Your first name</td> <td>and mi</td> <td>ddle initial</td> <td>Last name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial security number</td>	Your first name	and mi	ddle initial	Last name						Your so	cial security number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your sponse if filing jointly, want 38         I 303 VARSITY LN       Example       ZiP code       State       ZiP code       Sponse	SHIVA			GURRAM						888-	57-0225
1303 VARSITY LN       Check here if you, or you       Check here if you <td>lf joint return, sp</td> <td>ouse's</td> <td>first name and middle initial</td> <td>Last name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spouse'</td> <td>s social security numbe</td>	lf joint return, sp	ouse's	first name and middle initial	Last name						Spouse'	s social security numbe
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Cury, town, or post unice, in you have a longer adultes, asso complete spaces below.       Date       219 701       to go to this fund. Checking a box below will not change you tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you       Spouse         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard Deduction       Spouse itemizes on a separate return or you ware a dual-status alien       Spouse itemizes on a separate return or you ware a dual-status alien         Age/Bindness You:       Were bom before January 2, 1958       Are blind       Spouse:       (9) Relationship       (1) First name       Last name       (1) First name       Last name       (1) First name       Last name       (2) Cocial security       (3) Relationship       (1) First name       Last name       (2) Cocial security       (3) Relationship       (1) First name       Last name       (2) Cocial security       (3) Relationship       (1) First name       Last name       (2) Cocial security       (3) Relationship       (3) Relationship       (3) Relationship       (1) Relationship       (2) Relationship       (2) Relationship       (2) Relationship       (2) Relationship       (2) Relationship       (3) Relationship       (3) Relationship       (3) Relationship       (3) Relationship       (3) Relationship	<u>1303 VAR</u>	SITY	/ LN								
Foreign country name       Foreign province/state/county       Foreign pastal code       your tax or refund.         Digital Assetts       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Image: Source (as a reward, award, or payment for property or services); or (b) sell.       Image: Source (as a reward, award, or payment for property or services); or (b) sell.         Standard       Someone can claim:       You as a dependent       Image: Source (as a reward, award, or payment for property or services); or (b) sell.       Image: Source (as a reward, award, or payment for property or services); or (b) sell.         Dependents       Someone can claim:       You as a dependent       Image: Source (as a reward, award, or payment for property or services); or (b) sell.       Image: Source (as a reward, award, or payment for property or services); or (b) sell.         Imore       Imore       Imore       Imore       Image: Source (as a reward, award, award, award, award, or payment for property or services); or (b) sell.       Image: Source (as a reward, award, awa		ost offic	ce. If you have a foreign address, also co	mplete space	s below.					to go to	this fund. Checking a
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       No         Standard Deduction       Someone can claim:       You sa a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (d) Check the box if qualifiers for (see instructions):         If more than four the dependent relation of the other degendent interaction and the ac credit       Immoder       <		name		Forei	gn province/state/c	ount	ty	Foreig	n postal code		or refund.
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard       Someone can claim:       \overline vou as a dependent       \overline vou spose as a dependent       \overline vou spose as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse i lemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse i lemizes on a separate return or you were a dual-status alien         Dependents       (1) First name       Last name       Immber       (3) Relationship       (4) Check the box if qualifies for (see instructions)         ithan four       ithan four       Immber	Digital	Δt ar	w time during 2022 did you: (a) rec	aive (as a rev	ward award or r	avr	ment for prope	rtv or	services): or	(h) sell	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         dependents, see instructions						-		-			Yes X No
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If or protection (i) First name       Last name       number       to you       Child tax credit       Credit for other dependents         than four dependents, see instructions	Age/Blindness							n befo	ore January 2	, 1958	Is blind
If more       If it with alloc       If with alloc <td>Dependents</td> <td>s (see</td> <td>instructions):</td> <td></td> <td></td> <td></td> <td></td> <td>ip (4</td> <td>I) Check the bo</td> <td>ox if quali</td> <td></td>	Dependents	s (see	instructions):					ip (4	I) Check the bo	ox if quali	
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check here       Image: see instructions       Image: see		<b>(1)</b> Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for other dependents
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       114, 337.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       C       Tip income not reported on Iine 1a (see instructions)       1c         W-2 Area, Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Area, Also       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 Area, Also       f       Employer-provided adoption benefits from Form 2441, line 26       1g         If you did not       get a Form       Hoottavable combat pay election (see instructions)       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1l       114, 337.         Attach Sch, B       2a       Add lines 1a through 1h       1k       12         Attach Sch, B       2a       Gualified dividends       3a       b       b         Beduction for       Fensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for       Social security benefits       6a       b       Taxable amount       5b         Beductin for       Fore pay election method, check here (see instructions)											
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W-2G and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2-2, see instructions.       z       Add lines 1a through 1h       1t       1z       114, 337.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for-       6a       b       Taxable amount       6b       6b         Scial security benefits       6a       b       trauble amount       6b       6b       7       -1,283.         Standard       Deduction for-       6a       b       Taxable amount       6b       7       -								• •			
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Instructions.       z       Add lines 1a through 1h       114, 337.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         If required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,950       C       If you elect to use the lump-sum election method, check here (see instructions)       1         Married filing jointy or Qualifying surving spouse. \$25,900       Other income from Schedule 1, line 10       7       -1,283.         Married filing jointy or Qualifying surving spouse. \$25,900       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10         Head of household, \$19,900       Standard deduction or itemized deductions (from Schedule A)       11       102,897.         12       Standard deduction or itemized deduction from Seps or Form 8995-A       13         14       12,950.       14       12,950.       14       12,950. </td <td></td> <td>i</td> <td>·</td> <td>,</td> <td></td> <td></td> <td>   1i</td> <td></td> <td></td> <td></td> <td></td>		i	·	,			1i				
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -1,283.         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       9       102,897.         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       102,897.         11       102,897.       11       102,897.       12         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         14       Add lines 12 and 13       13       14       12,950.         15	instructions.	z	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1							. 1z	114,337.
if required. 3a Qualified dividends 3a   4a IRA distributions 4a   5a Fensions and annuities   5a 5a   Deduction for-   6a Social security benefits   6a 5a   9 Social security benefits   6a   5a   6a    5a   6a   5a   6a   5a   6a    5a   9    7   7    7    7    7    7    7    7    7    7    7    7    7    7    7    7    7    7    7    7    7    7   7   7   7    7    7    7    7   7   7   7   7   7   7   7   7   7   7   7 <t< td=""><td>Attach Sch. B</td><td>2a</td><td>Ŭ I</td><td>2a</td><td>   </td><td>bТ</td><td>axable interest</td><td>t.</td><td></td><td>2b</td><td></td></t<>	Attach Sch. B	2a	Ŭ I	2a		bТ	axable interest	t.		2b	
Standard Deduction for -       5a       Pensions and annuities		3a	Qualified dividends	3a		b C	ordinary divider	nds .		. 3b	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -1,283.         • Married filing jointly or Qualifying surviving spouse, \$25,900       0 Other income from Schedule 1, line 10		4a	IRA distributions	4a		ьΤ	axable amoun	t		. 4b	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing geparately, \$12,950</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Other income from Schedule 1, line 10</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Adjustments to income from Schedule 1, line 26</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Adjustments to income from Schedule 1, line 26</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In 102, 897.</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Subtract line 12 and 13</li> <li>Add lines 12 and 13</li> <li>Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income</li> </ul>	Standard	5a	Pensions and annuities	5a	1	bТ	axable amoun	t		. 5b	
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		6a	Social security benefits	6a		bТ	axable amoun <sup>.</sup>	t		6b	
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in hot required, check here       1       7       -1,283.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       102,897.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       102,897.         • If you checked any box under Standard       12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       12,950.       14       12,950.         • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       89,947		с	If you elect to use the lump-sum e	lection meth	nod, check here (s	see	instructions)		[		
<ul> <li>Married filing jointly or Qualifying spouse.</li> <li>Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Adjustments to income from Schedule 1, line 26</li> <li>Adjustments to income from Schedule 1, line 26</li> <li>Adjustments to income from line 9. This is your adjusted gross income</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction from Form 8995 or Form 8995-A</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> </ul>		7	Capital gain or (loss). Attach Sche	dule D if req	uired. If not requi	ired	, check here		[	7	-1,283.
Qualifying surviving spouse, \$25,900       9       102,897.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       102,897.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.       14       12,950.         Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       89,947	<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10.						. 8	
surviving spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       102,897.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       89,947	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This	is your <b>total inc</b>	ome	ə			9	102,897.
• Head of household, \$12       Subtract line 10 from line 9. This is your adjusted gross income       11       102,897.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		10	Adjustments to income from Sche	dule 1, line 2	26					. 10	
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       89,947	Head of	11	Subtract line 10 from line 9. This is	ct line 10 from line 9. This is your <b>adjusted gross income</b>						. 11	102,897.
any box under Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       89,947		12	Standard deduction or itemized	deductions	(from Schedule	A)				12	12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         89,947		13	Qualified business income deduct	on from For	m 8995 or Form	899	5-A			13	
	Standard	14								. 14	
		15	Subtract line 14 from line 11. If zer	o or less, en	nter -0 This is yo	our 1	taxable incom	ie .		15	89,947.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	15,418.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	15,418.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,418.
	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 <b>total tax</b>					24	15,418.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 19	9,199.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,199.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	19,199.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,781.
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	3,781.
Direct deposit?	b	Routing number 0 1 1				Checking	Savings		
See instructions.	d	Account number 3 8 5	0 2 2 0	8 7 5 4	4 8				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see i				38		-	
Third Party Designee		you want to allow another	person to disc	cuss this retu			omplete l	below.	X No
<b>J</b>	De	signee's		Phone			onal identi	fication	
	nai	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
								ection P inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return,	acth must sign	Date	SOFTWARE I Spouse's occupat	-		,	nt your spouse an
Keep a copy for your records.	эр	ouse's signature. It a joint return,	<b>bour</b> must sign.	Dale	Spouse's occupat	IOT	Iden		ection PIN, enter it here
	Ph	one no. (203) 275-719	7	Email address	GURRAM.SHIV	A94@GMAIL.C	OM MC		
Detal	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/23/2023	P0208	2703	Self-employed
Preparer		n's name GLOBAL TA					· · · ·		(678) 965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816			's EIN	84-3171965
Go to www.im	ov/Eor	a 1040 for instructions and the late	st information			DEV 00/40/00 220			Earm 1040 (2022)

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

BAA REV 02/10/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
SHIVA GURRAM		888-57	-0225

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. Att	ach Schedule E .	5	-10,157.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-NR, line 8	10	-10,157.
			<u></u> .	

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	•				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h			_	
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	24i			_	
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number

SHIVA GURRAM

888-57-0225 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	201.	394.			-193.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	405.	272.			133.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-60.			

#### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustmer		<b>(h) Gain or (loss)</b> Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	199.	1,214.			-1,015.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	92.	300.			-208.
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-1,223.
For F	Paperwork Reduction Act Notice, see your tax return instruction		REV 02/10/23 PRO		Schedu	le D (Form 1040) 2022

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	<b>16</b> -1,283.	<u> </u>
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b> ( 1,283.	)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return SHIVA GURRAM

Social security number	or taxpayer	identification	number

888-57-0225

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	201.	394.			-193.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	201.	394.			-193.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)		Attachment Sequence No. 12A	Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHIVA GURRAM

Social security number or taxpayer identification number 888-57-0225

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	uired Date sold or Proceeds S		<b>(e)</b> Cost or other basis See the <b>Note</b> below	See the separate instructions.		Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	112.	800.			-688.	
Apex Clearing	01/01/22	12/31/22	52.	307.			-255.	
Apex Clearing	01/01/22	12/31/22	35.	107.			-72.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked). or line 10 (if Box F above is checked).			199.	1,214.			-1,015.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** 

Department of the Treasury

# Sales and Other Dispositions of Capital Assets

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Internal Revenue Service Name(s) shown on return SHIVA GURRAM

Social security number or taxpayer identification number 888-57-0225

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(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) Date acquired	Date solu or		(e) Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	405.	272.			133.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box	otal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	405.	272.			133.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHIVA GURRAM

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(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	See the separate instructions.		<b>(h)</b> Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.			combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	92.	300.			-208.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	92.	300.			-208.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

	EDULE E 1040)	(Fro	om re	ntal re	al es								corporat			trusts
	nent of the Treasury Revenue Service			Go t	o ww								SR, 1040- Ictions ar			ıforma
Name(s)	) shown on return															
SHIV	'A GURRAM															
Part	Note: If yo rental inco	u are me oi	in the r loss	e busin from <b>F</b>	iess c orm	of ren <b>4835</b>	ting on	pers page	sonal e 2, li	pro ne 4	pert 10.	y, use	Schedule			
	Did you make an f "Yes," did you												Form(s) -			
1a	Physical addr	ess c	of ead	ch pro	perty	/ (str	eet,	city	/, sta	ate,	ZIP	code	e)			
Α	NALGONDA A	AKKA	AMPA	LLY	TEI	JANG	GAN.	A I	EN 5	508	24	3				
В																
С																
1b	Type of Prope (from list below			For ea	e, rep	oort t	he r	านm	ber	of fa	air r	ental	and		Fa	ir Rei Days
Α	3			perso	nal u	ise d	ays	. Ch	neck	the	QJ	V box	ox only A			3
В				if you qualif										В		
С				quain	ieu ju		ent	ure.	000	; 113	suu	Cliona		С		
Туре	of Property:															
	Single Family R			-	Vac				-Teri	m R	lent	al	5 Lanc	k	7	Self-F
2	Multi-Family Re	sider	nce	4	Cor	mme	rcia	1					6 Roya	alties	8	Othe
																Р
Incom	ne:													Α		
3	Rents received	Ι.										3		6	07.	
4	Royalties recei	ved										4				
Exper	ises:															
5	Advertising .											5				
6	Auto and trave	l (see	e inst	ructio	ns)							6				
7	Cleaning and r	naint	enan	ice.								7		2,9	31.	
8	Commissions						• •					8				
9	Insurance	-					• •					9				
10	Legal and othe	•		onal f	ees	• •	• •					10				
11	Management f				· ·							11		2,4	14.	
12	Mortgage inter	est p	aid t	o ban	ks, e	tc. (s	see i	insti	ructi	ons)	)	12				

ns and the latest information.	Vour oosi	Attachment Sequence No. <b>1</b> al security number
1040-NR, or 1041.		
porations, estates, trusts, REMI	Cs, etc.)	

OMB No. 1545-0074
2022
Attachment Sequence No. <b>13</b>

888-57-0225

	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you a	are ar	individ	ual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	0992.5	See ins	structions				s X No	_
	"Yes," did you or will you file required Form(s) 1099?										
	Physical address of each property (street, city, state, ZIF				· ·						
1a			)								
	NALGONDA AKKAMPALLY TELANGANA IN 50824	13									
<u> </u>							_				
1b	Type of Property (from list below) <b>2</b> For each rental real estate properative above, report the number of fair				Fa	ir Rental Days	Pe	rsonal Days		QJV	
A	3 personal use days. Check the Q			Α		365		Days	0		
 	if you meet the requirements to f	ile as a	a	B		305			0		_
	qualified joint venture. See instru	ictions		C							
	of Property:			U							
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	I	7	Self-Rental					
	Multi-Family Residence 4 Commercial		6 Roya			Other (desci	ribe)				
	······································				-						
		ŀ				Properti	les:				
Incom				<b>A</b>	07	В				С	
3 4	Rents received	3		6	07.						
	Royalties received	4									
Expen 5		5									
6	Advertising	6									_
7	Cleaning and maintenance	7		2,9	31						_
8	Commissions	8		-15	<u> </u>						_
9		9									
10	Legal and other professional fees	10									
11	Management fees	11		2,4	14.						-
12	Mortgage interest paid to banks, etc. (see instructions)	12		,							-
13	Other interest	13									_
14	Repairs	14		2,0	01.						
15	Supplies	15		1,4	54.						
16	Taxes	16									
17	Utilities	17		1,9	64.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		10,7	64.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must file Form 6198			-10,1	57						
00		21		-10,1	57.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	10,15		(					
23a	Total of all amounts reported on line 3 for all rental prope		l	10,10	23a	(	60	7.			
zsa b	Total of all amounts reported on line 4 for all royalty prop			• •	23a 23b		00	· •			
c	Total of all amounts reported on line 12 for all properties				230 23c						
d	Total of all amounts reported on line 18 for all properties				23d						
e	Total of all amounts reported on line 20 for all properties				23e	10	,76	4.			
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>	t inclu	de any lo	sses			.	24			
25	Losses. Add royalty losses from line 21 and rental real estat		-		Enter to	otal losses he	re	25 (		10,157.	
26	Total rental real estate and royalty income or (loss).						-				
	here. If Parts II, III, IV, and line 40 on page 2 do not										

NPA

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule	Е	(Form	1040)	2022
	_	·· •····	,	

-10,157.

26

-10,157.





## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



2.       INTEREST       2.      00       2.         3.       DIVIDENDS       3.      00       3.         4.       STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES       4.      00       4.         5.       ALIMONY RECEIVED       S.      00       5.         6.       BUSINESS INCOME OR (LOSS) (See instructions)       6.      00       7.         7.       CAPITAL GAIN OR (LOSS) (See instructions)       7.      00       7.         7.       CAPITAL GAIN OR (LOSS)       7.      00       7.         8.       CADISTRIBUTIONS AND ANNUITIES       8.      00       9.         9.       TAXABLE PENSIONS AND ANNUITIES       9.      00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157       10.         11.       FARM INCOME OR (LOSS)       11.      00       11.      00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.      00       12.      01         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.      00       13.      01         14.       OTTAL INCOME (State nature and source) <t< th=""><th>eparate Forms d 22 DURCE DSS</th></t<>	eparate Forms d 22 DURCE DSS
8       8       8       5       7       0       2       5       Marced Higgs         Your First Name       M.I.       Last Name       Suffix       Form PIFUND       2       Jort       5       Had Higgs         ShitVA       GURRAM       Suffix       Atached       Hyoureera part year resident in 2022, give the date resident in 2023, give the d	d 22 DURCE 348.00 .00 .00 .00 .00
Your First Name       M.I.       Last Name       Suffix       Form PIT-UND       2.       pet       5.       Hold Houses         SBITVA       GURRAM       Spouse First Name       M.I.       Last Name       Suffix       Anaded         Present Home Address (Number and Street)       Apartment #       Cltcd if       Full_YAR       MonRelation       resided in Delaware         1303       VARS ITY LN       State       Zip Code       in 2022       12–31–20         City       State       Zip Code       in 2022       12–31–20         BEAR       DE       19701       114337.00       1.       4432         2       .00       2.       .00       2.       .00       3.         3       DIDIDENDS       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00	d 22 DURCE 348.00 .00 .00 .00 .00
SHIVA       GURRAM         Spouse First Name       M.I.       Last Name       Suffix       Atached         Present Home Address (Number and Street)       Apartment #       Clevit First Name       Provere a partyear resident in 2022, give the date resided in Deloware:         1303 VARSITY LN       BEAR       DE       19701       10-01-2022       12-31-20         BEAR       DE       19701       mm-ddsyyy       mm-ddsyyy       mm-ddsyyy         State       Zip Code       a 2022       .00       1       14/437       .00       1       4/44         1.       WAGES, SALARIES, TIPS, ETC.       1.       .114/337       .00       1       4/44         2.       INTEREST	22 DURCE DSS 1 B 348.00 .00 .00 .00 .00 .00
Spouse First Name       M.I. Last Name       Suffix       Attact         Present Home Address (Number and Street)       Apartment #       Checif       Provere average method method because.       10 - 01 - 2022       20 - 2022       mm-dd-yyy         BEAR       DE       19701       10 - 01 - 2022       mm-dd-yyy       mm-dd-yyy         BEAR       DE       19701       10 - 01 - 2022       mm-dd-yyy       mm-dd-yyy         Stort A - INCOME AND ADJUSTMENTS FROM FEDERAL KETURN       1       11437       0       1       44         1       WAGES, SALARIES, TIPS, ETC.       2       1       1       14437       0       1       44         2       INTEREST       2       1       1       1437       0       1       44         3       SCTION A - INCOME AND ADJUSTMENTS FROM FEDERAL KETURN       1       1       4       1       4       1       4       4       4       4         3       DIVIDENDS       STATE REFUNDNS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAKES       3       0       7       4       4         4       SUBINS INCOME OR (LOSS)       SCEINSTON AND ANDUITES       7       7       7       7       7       7       7       7       7       7 </td <td>22 DURCE DSS I B 348 .00 .00 .00 .00 .00</td>	22 DURCE DSS I B 348 .00 .00 .00 .00 .00
Present Home Address (Number and Street)       Apartment # Check if Pulk YRA Non-Reddent Non-Redde	22 DURCE DSS I B 348 .00 .00 .00 .00 .00
Present Home Address (Number and Street)         Apartment # Dek/ME         Otek/ME         Testeded in Delaware:           13/03         VARSITY LN         IDE	22 DURCE DSS I B 348 .00 .00 .00 .00 .00
1303 VARSITY LN       State       Zip Code       10-01-2022       12-31-20         City       State       Zip Code       mm-dd-yyy       mm-dd-yyy         BEAR       DE       19701       mm-dd-yyy       mm-dd-yyy         S SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN       I       114337.00       1.       44 (2)         INTEREST       2.       .00       3.       4.       5.       .00       3.         1       I14337.00       1.       44 (2)       .00       3.       4.       .00       3.         2.       INTEREST       2.       .00       3.       4.       .00       3.         3.       DIVIDENDS       S.       .00       5.       .00       5.       6.       .00       6.       7.         3.       CAURON RECIVED       S.       .00       7.       7.       .00       7.         3.       INA DISTRIBUTIONS       8.       .00       8.       .00       8.       .00       1.       .00       1.       .00       1.       .00       1.       .00       1.       .00       1.       .00       1.       .00       1.       .00       1.       .00       1	DURCE DSS I B 3 4 8 .00 .00 .00 .00 .00
13/03 VARSTTY EN       Non-Resident       10-01-2022       12-31-20         City       State       Zip Code       in 2022       mm-ddygg         BEAR       DE       19701       FEDERAL       mm-ddygg         S       SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN       FEDERAL       COLUMA       Vertice COLUMA         NVAGES, SALARIS, TIPS, ETC.       1       114337       0       1.       445         3.       INTEREST       2.       .00       2.       .00       4         5.       ALIMONY RECEIVED       S.       .00       4.       5.       .00       5.         6.       BUSINESS INCOME OR (LOSS) (See instructions)       6.       .00       6.       .00       6.         7.       CAPITAL GAIN OR (LOSS)       TAXABLE PENSIONS AND ANNUTIES       9.       .00       7b.       .00       7b.         8.       IRA DISTRIBUTIONS       8.       .00       8.       .00       10.       .00       7b.         11.       FARM INCOME OR (LOSS)       .00       7b.       .00       10.       .01       11.       .00       10.       .01       11.       .00       10.       .01       11.       .00       10. <td< td=""><td>DURCE DSS I B 3 4 8 .00 .00 .00 .00 .00</td></td<>	DURCE DSS I B 3 4 8 .00 .00 .00 .00 .00
BEAR       DE       19701         Image: Section A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN       EEDERAL COLUMNA       EEDERAL COLUMNA       EEDERAL COLUMNA       DEMANDES COLUMNA         1       WAGES, SALARIES, TIPS, ETC.       1       114337       0       1       44         2       INTEREST       2       .00       2       .00       2         3.       DIVIDENDS       3       .00       3       .00       3         4.       STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES       4       .00       4       .00       4         5.       ALMONY RECEIVED       S       .00       6       .00       6       .00       6       .00       7         6.       OTHER GAINS OR (LOSS)       CAPITAL GAIN OR (LOSS)       7A       .00       7A       .00       7A         7.       CAPITAL GAIN OR (LOSS)       ALMONY RECEIVED       7A       .00       7A       .00       7A         6.       INTERSTIDUTIONS       REINTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10       .00       10       .00       10         10.       FARM INCOME OR (LOSS)       INTERMEST COMPENSATION (INSURANCE)       INTERMENT COMPENSATION (INSURANCE)       INTERMENT COMPE	DURCE DSS 1 B 3 4 8 .00 .00 .00 .00 .00
SECTION A INCOME AND ADJUSTMENTS FROM FEDERAL RETURN         FEDERAL COLUMN A         FEDERAL COLUMN A         COLUMN A           1         WAGES, SALARIES, TIPS, ETC.         1.         114337.00         1.         441           1.         INTEREST         2.         .00         2.           3.         JUVIDENDS         3.         .00         3.         .00         3.           4.         STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES         4.         .00         4.           5.         ALIMONY RECEIVED         5.         .00         5.         .00         5.           6.         BUSINESS INCOME OR (LOSS) (See instructions)         7a.         -1283.00         7a.           7b.         OTHER GAINS OR (LOSSES)         7b.         .00         7b.         .00         7b.           8.         IRA DISTRIBUTIONS         8.         .00         8.         .00         8.           9.         AXABLE PENSIONS AND ANNUITES         .00         1.         .00         11.         .00         11.           10.         RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.         10.         .00         14.         .00         14.           11.         FARM INCOME OR (LOSS)	DSS 1 B 3 4 8 .00 .00 .00 .00 .00
SECTION A.         COLUMNA         COLUMNA         COLUMNA           1.         MAGES, SALARIES, TIPS, ETC.         1         114337         00         1.         444           1.         INTEREST         2.         .00         2.         .00         3.           3.         DIVIDENDS         3.         .00         3.         .00         3.           4.         STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES         4.         .00         4.           5.         .00         5.         .00         5.         .00         5.           6.         BUSINESS INCOME OR (LOSS) (See instructions)         6.         .00         6.         .00         6.           7.         CAPITAL GAIN OR (LOSS)         7a.         -1283.00         7a.         .100         7b.           8.         IRA DISTRIBUTIONS         8.         .00         8.         .00         8.           9.         TAXABLE PENSIONS AND ANUTITES         SCORPS, ESTATES, TRUSTS, ETC.         10.         -10157.00         10.           11.         FARM INCOME OR (LOSS)         11.         .00         11.         .00         11.           12.         UNEMPLOYMENT COMPENSATION (INSURANCE)         12.<	1 B 3 4 8 .00 .00 .00 .00 .00
2.       INTEREST       2.	.00 .00 .00 .00
3.       DIVIDENDS       3.      00       3.         4.       STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES       4.      00       4.         5.       ALIMONY RECEIVED       5.      00       5.         6.       BUSINESS INCOME OR (LOSS) (See instructions)       6.      00       6.         7.a.       CAPITAL GAIN OR (LOSS)       7a.       -1283.00       7a.         7.b.       OTHER GAINS OR (LOSSE)       7b.      00       7b.         8.       IRA DISTRIBUTIONS       8.      00       8.         9.       TAXABLE PENSIONS AND ANNUTIES       9.      00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157.00       10.         11.       FARM INCOME OR (LOSS)       11.      00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.      00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.      00       14.         14.       OTHER INCOME (State nature and source)       14.      00       14.         15.       TOTAL INCOME - Add Line 1 through Line 14       15.       102897.00       16.	.00 .00 .00
4.       STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES       4.       .00       4.         5.       ALIMONY RECEIVED       5.       .00       5.         6.       BUSINESS INCOME OR (LOSS) (See instructions)       6.       .00       6.         7a.       -1283       .00       7a.       -1283       .00       7a.         7b.       OTHER GAINS OR (LOSS)       7a.       -1283       .00       7b.       .00       7b.         8.       IRA DISTRIBUTIONS       8.       .00       8.       .00       8.         9.       70.00       9.       .00       9.       .00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157       .00       11.         11.       FARM INCOME OR (LOSS)       11.       .00       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.       .00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.       .00       14.       .00       14.       .00       14.       .00       14.       .00       14.       .00       16.       .00 <td>.00 .00 .00</td>	.00 .00 .00
5.       ALIMONY RECEIVED       5.       .00       5.         6.       BUSINESS INCOME OR (LOSS) (See instructions)       6.       .00       6.         7a.       CAPITAL GAIN OR (LOSS)       7a.       -1283.00       7a.         7b.       OTHER GAINS OR (LOSSES)       7a.       .00       7b.         8.       IRA DISTRIBUTIONS       8.       .00       8.         9.       TAXABLE PENSIONS AND ANNUITIES       9.       .00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157.00       10.         11.       FARM INCOME OR (LOSS)       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       14.         14.       OTHER INCOME (State nature and source)       14.       .00       14.         15.       TOTAL INCOME (State nature and source)       16.       .00       16.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897.00       17.         16.       TOTAL - FEDERAL ADJUSTMENTS (See instructions)       16.       .00 <td>.00 .00</td>	.00 .00
6.       BUSINESS INCOME OR (LOSS) (See instructions)       6.       .00       6.         7a.       CAPITAL GAIN OR (LOSS)       7a.       -1283.00       7a.         7b.       OTHER GAINS OR (LOSSES)       7b.       .00       7b.         8.       IRA DISTRIBUTIONS       8.       .00       8.         9.       TAXABLE PENSIONS AND ANNUITIES       9.       .00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157.00       10.         11.       FARM INCOME OR (LOSS)       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       13.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.         14.       OTHER INCOME (State nature and source)       14.       .00       14.         15.       TOTAL INCOME - Add Line 1 through Line 14       15.       102.897.00       17.       44.6         15.       SECTION S       I       .00       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.       .00       10.         10.       TOTAL - Add Line 18 to Line 19	.00
7a.       CAPITAL GAIN OR (LOSS)       7a.       -1283.00       7a.         7b.       OTHER GAINS OR (LOSSES)       7b.       .00       7b.         8.       IRA DISTRIBUTIONS       8.       .00       8.         9.       TAXABLE PENSIONS AND ANNUITIES       9.       .00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157.00       10.         11.       FARM INCOME OR (LOSS)       11.       .000       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .000       13.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .000       13.         14.       OTHER INCOME (State nature and source)       14.       .000       14.         15.       TOTAL INCOME + Add Line 1 through Line 14       15.       102897.00       16.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897.00       17.         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .000       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .000       20.       .001         10.       TOTAL	
7b.       OTHER GAINS OR (LOSSES)       7b.       .00       7b.         8.       IRA DISTRIBUTIONS       8.       .00       8.         9.       TAXABLE PENSIONS AND ANNUITIES       9.       .00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157       .00       10.         11.       FARM INCOME OR (LOSS)       11.       .00       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.       .00       13.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.       .00       14.         15.       TOTAL INCOME (State nature and source)       14.       .00       14.       .00       14.         15.       TOTAL INCOME (State nature and source)       16.       .00       16.       .00       16.         16.       TOTAL FOBERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       .00       18.       .00       18.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       .00       18.       .00       18.         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	
8.       IRA DISTRIBUTIONS       8.       .00       8.         9.       TAXABLE PENSIONS AND ANNUITIES       9.       .00       9.         10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157       .00       10.         11.       FARM INCOME OR (LOSS)       11.       .00       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.         14.       OTHER INCOME (State nature and source)       14.       .00       14.         15.       TOTAL INCOME Add Line 1 through Line 14       15.       102897       .00       15.         16.       TOTAL FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897       .00       16.         17.       FEDERAL ADJUSTMENTS (See instructions)       16.       .00       18.       .00       18.         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       21.       102897       .00       20.         14.       Add L	.00
10.       RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.       10.       -10157       .00       10.         11.       FARM INCOME OR (LOSS)       11.       .00       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.       .00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.       .00       14.         14.       OTHER INCOME (State nature and source)       14.       .00       14.       .00       14.         15.       TOTAL INCOME - Add Line 1 through Line 14       15.       102897       .00       15.       448         16.       TOTAL FEDERAL ADJUSTEMENTS (See instructions)       16.       .00       16.       .00       16.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897       .00       17.       448         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.       .01         20.       TOTAL - Add Line 18 to Line 19       20.       .00       21.       .00	.00
11.       FARM INCOME OR (LOSS)       11.       .00       11.         12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.         14.       OTHER INCOME (State nature and source)       14.       .00       14.         15.       TOTAL INCOME - Add Line 1 through Line 14       15.       102897.00       15.       448         16.       TOTAL FEDERAL ADJUSTMENTS (See instructions)       16.       .00       16.       .00       16.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897.00       17.       448         16.       SECTION B - ADDITIONS       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.       .00       19.         20.       TOTAL - Add Line 18 to Line 19       20.       .00       20.       .00       21.       .448         21.       Add Line 17 to Line 20       21.       102897.00       21.       .448         22.       INTEREST RECEIVED ON U.S. OBLIGATIONS       22.       .00	.00
12.       UNEMPLOYMENT COMPENSATION (INSURANCE)       12.       .00       12.         13.       TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.         14.       OTHER INCOME (State nature and source)       14.       .00       14.         15.       TOTAL INCOME - Add Line 1 through Line 14       15.       102897       .00       15.       44 8.         16.       TOTAL FEDERAL ADJUSTMENTS (See instructions)       16.       .00       16.       .00       16.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897       .00       17.       44 8.         16.       SECTION B - ADDITIONS       16.       .00       18.       .00       18.         17.       FEDERAL ADJUSTMENT, OIL DEPLETION       19.       .00       19.       .00       19.         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.       .00       14.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       10.       .00       10.       .00       .00       .00       .00         20.       TOTAL - Add Line 18 to Line 19       .00       10.       .00       .00       .00       .00<	0.00
13. TAXABLE SOCIAL SECURITY BENEFITS       13.       .00       13.         14. OTHER INCOME (State nature and source)       14.       .00       14.         15. TOTAL INCOME - Add Line 1 through Line 14       15.       102897       .00       15.       448         16. TOTAL FEDERAL ADJUSTMENTS (See instructions)       16.       .00       16.       .00       17.         17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897       .00       17.       448         18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19. FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.         20. TOTAL - Add Line 18 to Line 19       20.       .00       20.         21. Add Line 17 to Line 20       21.       102897       .00       21.         22. INTEREST RECEIVED ON U.S. OBLIGATIONS       22.       .00       20.       .00         23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)       23.       .00       23.	.00
14.       OTHER INCOME (State nature and source)       14.       .00       14.         15.       TOTAL INCOME - Add Line 1 through Line 14       15.       102897       .00       15.       448         16.       TOTAL FEDERAL ADJUSTMENTS (See instructions)       16.       .00       16.       .00       16.         17.       FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15       17.       102897       .00       17.       448         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.         20.       TOTAL - Add Line 18 to Line 19       20.       .00       20.         21.       Add Line 17 to Line 20       21.       102897       .00       21.         22.       INTEREST RECEIVED ON U.S. OBLIGATIONS       22.       .00       22.       .00         22.       INTEREST RECEIVED ON U.S. OBLIGATIONS       22.       .00       22.       .00       23.         23.       PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)       23.       .00       23.	.00
15.TOTAL INCOME - Add Line 1 through Line 1415.102897 .0015.44.816.TOTAL FEDERAL ADJUSTMENTS (See instructions)160016.44.817.FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 1517.102897 .0017.44.818.SECTION B - ADDITIONSINTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE180018.19.FIDUCIARY ADJUSTMENT, OIL DEPLETION190019.20.TOTAL - Add Line 18 to Line 19200020.21.Add Line 17 to Line 2021.102897 .0021.44.822.INTEREST RECEIVED ON U.S. OBLIGATIONS220022.23.PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)230023.	.00
16.TOTAL FEDERAL ADJUSTMENTS (See instructions)160016.17.FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 1517.102897.0017.44.818.SECTION B - ADDITIONSInterest received on obligations of any state other than DELAWARE180018.18.19.FIDUCIARY ADJUSTMENT, OIL DEPLETION1900190019.20.TOTAL - Add Line 18 to Line 192000200020.21.Add Line 17 to Line 2021.102897.0021.44.822.INTEREST RECEIVED ON U.S. OBLIGATIONS2200220022.23.PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)230023.	.00
17.FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 1517.102897.0017.44818.SECTION B - ADDITIONS18.0018.19.FIDUCIARY ADJUSTMENT, OIL DEPLETION19.0019.20.TOTAL - Add Line 18 to Line 1920.0020.21.Add Line 17 to Line 2021.102897.0021.44822.INTEREST RECEIVED ON U.S. OBLIGATIONS22.0022.23.PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)230023.	848 <b>.00</b>
Image: Section B - Additions       Section B - Additions         18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.         20.       TOTAL - Add Line 18 to Line 19       20.       .00       20.         21.       Add Line 17 to Line 20       21.       102897.00       21.       448         Image: Section C - SUBTRACTIONS       22.       .00       22.       23.       PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)       23.       .00       23.	.00
18.       INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE       18.       .00       18.         19.       FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.         20.       TOTAL - Add Line 18 to Line 19       20.       .00       20.         21.       Add Line 17 to Line 20       21.       102897       .00       21.       44.8         22.       INTEREST RECEIVED ON U.S. OBLIGATIONS       22.       .00       22.       .00       23.         23.       PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)       23.       .00       23.	348.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION       19.       .00       19.         20. TOTAL - Add Line 18 to Line 19       20.       .00       20.         21. Add Line 17 to Line 20       21.       102897       .00       21.       448         SECTION C - SUBTRACTIONS       22.       .00       22.       .00       22.         23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)       23.       .00       23.	
20.       TOTAL - Add Line 18 to Line 19       20.       .00       20.         21.       Add Line 17 to Line 20       21.       102897       .00       21.       448         SECTION C - SUBTRACTIONS       22.       INTEREST RECEIVED ON U.S. OBLIGATIONS       22.       .00       22.         23.       PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)       23.       .00       23.	.00
21Add Line 17 to Line 2021.102897.0021.448SECTION C - SUBTRACTIONS22.INTEREST RECEIVED ON U.S. OBLIGATIONS220022.23.PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)230023.	.00 .00
SECTION C - SUBTRACTIONS         22.       INTEREST RECEIVED ON U.S. OBLIGATIONS         23.       PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)         23.       00	
22.INTEREST RECEIVED ON U.S. OBLIGATIONS220022.23.PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)230023.	40.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)230023.	.00
	.00
2400240024.	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc. 2500 25.	.00
26a.Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion26a0026a.	.00
26b.529 Contribution to Delaware-sponsored Tuition Program or ABLE Program26b0026b.	.00
27.       TOTAL Add Line 22 through Line 26b       27.       .00       27.	.00
28.         Subtract Line 27 from Line 21         28.         102897         .00         28.         448	848 <b>.00</b>
29.       EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)       29.       .00       29.	.00
	348 <b>.00</b>
30b.       COLUMN A - Subtract Line 29 from Line 28.         This is your Delaware Adjusted Gross Income.       Enter on Page 2, Line 37 and Line 42, Box B       30b.       102897       .00	
BALANCE DUE WITH PAYMENT ENCLOSED (LINE 50) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 508, Wilmington, DE 19899-0508       REFUND (LINE 60) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8710       ALL OTHER RETURNS MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8710         PO Box 508, Wilmington, DE 19899-0508       PO Box 8710       Delaware Division of Revenue PO Box 8710         Make check payable to: Delaware Division of Revenue       Wilmington, DE 19899-8710       Wilmington, DE 19899-8711         Delaware Division of Revenue       DE 19899-8711       DE 19899-8711         Delaware Division of Revenue       DE 19899-8711	

REV 01/03/23 PRO

DFPITNON2022011555V1 Revision 20221209





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DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

	SECTION D - DEDUCTIONS			
31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	.(	00
32.	ENTER FOREIGN TAXES PAID (See instructions)	32.	.(	00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.(	00
34.	TOTAL - Add Line 31 through Line 33	34.	.(	00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.(	00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	.(	00
	SECTION E - CALCULATIONS			
37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	102897 .	00
38.	If you elect the STANDARD DEDUCTION check here a. X Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500;		101007	
	If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b</b> . Enter amount from Line 36.	38.	3250 .0	00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions)		0200	
	Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.(	00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	3250 .0	00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	99647 .	
42.	TAX LIABILITY COMPUTATION (See instructions)         PRORATION DECIMAL         Tax Liability from Tax Rate Table/		55047	
	A. Line 30a 44848 .00 (See instructions) Schedule Amount			
	B. Line 30b $102897.00 = 0.4359 X 5560.00$	42.	2424 .0	00
43a.	PERSONAL CREDITS       If you are Filing Status 3, see instructions.    Enter number of exemptions listed on Federal return 1 x\$110 = 110		2121	
154.	<b>Multiply</b> this amount by the proration decimal on Line 42 (x $0.4359$ ) and enter total here	43a.	48.0	00
43b.	<b>CHECK BOX(ES)</b> SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 =	154.	40	
15 8.	Multiply this amount by the proration decimal on Line 42 ( x ) and enter total here	43b.	(	00
44.	<b>TAX IMPOSED BY STATE OF</b> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.		00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45.		00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	48.0	
47.	<b>BALANCE - Subtract</b> Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	40.	2376 .	
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	2702 .	
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.		00
49. 50.	S CORP PAYMENTS (See instructions)	49. 50.		00
50.	REFUNDABLE BUSINESS CREDITS (See instructions)	51.		00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.		00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.		
55. 54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	55.	2702 .0	00
	<b>OVERPAYMENT</b> If Line 53 is greater than Line 47, <b>Subtract</b> Line 47 from Line 47 and enter here.	54.		
55. 56	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL	55.	326.0	00
56. 57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT	50.		00
		57.		00
58.				
59.		59.		00
60. 6	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55     ZERO DUE/TO BE REFUNDED       SECTION F - DIRECT DEPOSIT INFORMATION     If you would like your refund deposited directly to your checking or savings account, complete below.	<b>60.</b>	326 <b>.(</b>	10
\$==	COUNT TYPE	See msu uction	ls this refund going to or	
X	ROUTING NUMBER ACCOUNT NUMBER		through an account that is	
2	sav/incs		located outside of the Unite	ed
	0 1 1 9 0 0 2 5 4 3 8 5 0 2 2 0 8 7 5 4 8		States? <b>YES</b> X NO	0
	PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS			,
	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and			
	believe it is true, correct and complete.	אדדאא	00/00/0000	
	DUR SIGNATURE ED DATE SYAM PRIYA RAM SAGAR GUPTA TA	ALLAM	02/23/2023	-
Pv ci	ADDRESS 245 ROONEY CT E BRUNS	STATE		
<i>⊘</i> ⊓		NJ	08816	,
	(203)275-7197         EIN, SSN or PTIN         843171965         & PHON           @ EMAIL ADDRESS         @ EMAIL ADDRESS	()	678)965-9522	
	DFPITNON2022021555V1			

REV 01/03/23 PRO

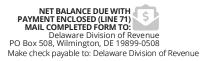


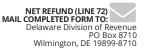




FOR AMENDED RETURNS ONLY COLUMN B 61. TOTAL REFUNDABLE CREDITS - From Line 53 61. .00 AMOUNT PAID ON ORIGINAL RETURN .00 62. 62. SUBTOTAL - Add Lines 61 and 62 63. .00 63. **REFUND RECEIVED** (If any, see instructions) 64. 64. .00 65. Estimated tax carryover and/or Special Funds contributions as shown on original return 65. .00 66. Subtract Line 64 and Line 65 from Line 63 66. 00 67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here 67. .00 OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here 68. 68. .00 AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) 69. 69. .00 PENALTIES AND INTEREST DUE 70. 70. .00 71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70 PAY IN FULL 71. .00 72. NET REFUND - Subtract Line 69 and Line 70 from Line 68 ZERO DUE/TO BE REFUNDED 72. .00 Is an amended Federal return being filed? Yes No 73. If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74.	Has the Delaware Division of Revenue advised you your original return is being audited?	Yes	No		
75.	Is this amended return being filed as a protective claim?	Yes	No		
	A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.				







PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN







 FIRST NAME
 LAST NAME
 TAXPAYER ID

 SHIVA
 GURRAM
 8
 8
 8
 5
 7
 0
 2
 2
 5

 DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE Enter the credit in the highest to lowest amount order.
 See the instructions and complete the worksheet prior to completing DE Schedule I.
 See the instructions and complete the worksheet prior to complete negative for the second sec

1.	Tax imposed by State of	(Enter 2 character state name)	1.	.00
2.	Tax imposed by State of	(Enter 2 character state name)	2.	.00
3.	Tax imposed by State of	(Enter 2 character state name)	3.	.00
4.	Tax imposed by State of	(Enter 2 character state name)	4.	.00
5.	Tax imposed by State of	(Enter 2 character state name)	5.	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Delaware tax return.	2 Line 44. You must attach a copy of the other state return(s) with your	б.	.00

### **DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

### **DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

See the instructions for ALL required documentation to attach.

#### See instructions for a description of each worthwhile fund listed below.

	•			
Α.	Non-Game Wildlife	.00	Н.	DE National Guard
В.	Beau Biden Fund	.00	١.	Juvenile Diabetes Fund
C.	Emergency Housing	.00	J.	Multiple Sclerosis Soc.
D.	Breast Cancer Edu.	.00	К.	Ovarian Cancer Fndn
Ε.	Organ Donations	.00	L.	21st Fund for Children
F.	Diabetes Education	.00	М.	White Clay Creek
G.	Veterans Home	.00	N.	Home of the Brave
	В. С. D. Е. F.	<ul><li>C. Emergency Housing</li><li>D. Breast Cancer Edu.</li><li>E. Organ Donations</li></ul>	B.Beau Biden Fund.00C.Emergency Housing.00D.Breast Cancer Edu00E.Organ Donations.00F.Diabetes Education.00	B.Beau Biden Fund.00I.C.Emergency Housing.00J.D.Breast Cancer Edu00K.E.Organ Donations.00L.F.Diabetes Education.00M.

.00	О.	Senior Trust Fund	.00
.00	Ρ.	Veterans Trust Fund	.00
.00	Q.	Protect DE's Child Fund	.00
.00	R.	Food Bank of DE	.00
.00	S.	DE Hab For Humanity	.00
.00	Τ.	B+ Childhood Cancer	.00
.00	U.	Combined Campaign for Justice	.00

8.

.00

8. Enter the total Contribution amount here and on Form PIT-NON, Line 56

🖉 This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.







### **DELAWARE NON-RESIDENT SCHEDULES**

### **DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

ТҮРЕ	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
IRSW2	EMPLOYER NAME JPMORGAN CHASE BANK, NA	134994650	DE	44848	<b>WITHHOLDING</b> 2702	SPOUSEXTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSpouseTaxpayerSp
						Taxpayer Spouse

### **DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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