# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
PANKAJ V CHAVAN	052-02-0962
Spouse's name	Spouse's social security number
RASHMI P CHAVAN	956-99-9131
Part I Tax Return Information — Tax Year Ending December 31, 2022 (	Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b> 93,546.
2 Total tax	
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 9,140.
4 Amount you want refunded to you	<b>4</b> 1,936.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, t to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accourant payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electronic return originator (ERC for rejection of the transmission, (b) the reason the U.S. Treasury and its designated Financia nt indicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) an requests must be received no later than a in the processing of the electronic payment of the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter or general statements to enter or general statements.	erate my PIN 2 0 9 6 2 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN	
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.	
Spouse's signature ▶ Date	e <b>▶</b>
Practitioner PIN Method Returns Only—continue b	elow
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider	submitting this return in accordance with the
ERO's signature ▶ Date	e▶
ERO Must Retain This Form — See Instruction	

Don't Submit This Form to the IRS Unless Requested To Do So

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

12022
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	household (HOI	H)		fying surv se (QSS)	iving
one box.	-	u checked the MFS box, enter the ron is a child but not your dependen		our spouse. If yo	u check	ed the HOH or	QSS box, ente	r the c	hild's i	name if th	e qualifying
Your first name		, ,	Last nai	me				Y	our soc	ial security	v number
PANKAJ V			CHAV							2-0962	-
		s first name and middle initial	Last nai					_			urity number
RASHMI I			CHAV							9-9131	-
		er and street). If you have a P.O. box, see					Apt. no.				n Campaign
17 SUMMI	,	, ,					A			ere if you,	. •
		ce. If you have a foreign address, also c	omplete si	paces below.	Sta	ite	ZIP code				tly, want \$3
MADISON				•	l w	Ī.	53704			this fund. ( w will not	Checking a
Foreign countr	y name		F	oreign province/st	ate/coun	ty	Foreign postal co			or refund.	onango
_	-									You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			Yes	⊠ No
Standard Standard		eone can claim: You as a de				a dependent					
Deduction <b>Deduction</b>		Spouse itemizes on a separate retu	•			•					
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before Janua	ry 2, 1	958	☐ Is bli	nd
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check th	ie box i	f qualifi	es for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child to	ax cred	it C	Credit for oth	ner dependents
than four	ADV	YIK P CHAVAN		961-90-8	216	Son					X
dependents, see instruction	s										
and check _											
here											
Income	1a	Total amount from Form(s) W-2, k	`	,					1a	10	2,446.
Attack Farms(a)	b	Household employee wages not i	•	, ,					1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1							1c		
attach Forms	d	Medicaid waiver payments not re	•	` ,	ee instru	ictions)			1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits		•					1e		
was withheld.	f	Employer-provided adoption ben							1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruc				1			1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	uctions)		<u>1</u> i			4-	1.0	12 116
A#	Z	Add lines 1a through 1h	20		   ьт	axable interes			1z 2b	10	2,446.
Attach Sch. B if required.	2a 3a	Tax-exempt interest	2a 3a			axable interes Ordinary divide			3b		
	4a	IRA distributions	4a			axable amoun			4b		
Standard	5a	Pensions and annuities	5a		l		t		5b		
Deduction for—	6a	Social security benefits	6a				t		6b		
Single or Married filing	С	If you elect to use the lump-sum		nethod, check h	ı			. 🗀	-		
separately,	7	Capital gain or (loss). Attach Sche		,	,	,		. 🗆	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin				•			8	_	-8,900.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		3,546.
surviving spouse,	10	Adjustments to income from Sche							10		
\$25,900 Head of	11	Subtract line 10 from line 9. This i	-						11	9	3,546.
household, \$19,400	12	Standard deduction or itemized	•	-					12		25,900.
If you checked	13	Qualified business income deduc		,	,	5-A			13		
any box under Standard	14	Add lines 12 and 13							14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your	taxable incom	ne		15		7,646.
	1										

18	Form 1040 (2022	2)								Page <b>2</b>
Transport   Tra	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	7,704.
19	Credits	17	Amount from Schedule 2, lin	ie 3					17	
20		18	Add lines 16 and 17						18	7,704.
21		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.
22   Subtract line 21 from line 18, if zero or less, enter-0-		20	Amount from Schedule 3, lin	ie 8					20	
22   Subtract line 21 from line 18, if zero or less, enter-0-		21	Add lines 19 and 20						21	500.
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	
Payments   25		23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 21			23	
Payments   25		24	•			•			24	
a Form(s) W-2	Payments	25								,
b Form(s) 1099 . 255	,	а	Form(s) W-2				<b>25a</b>	,140.		
Marchanger   Company   C		b	( )							
Marchanger   Company   C		С	Other forms (see instructions	s)			25c			
You have a qualifying child, art and an anount applied from 2021 return   26			,	,					25d	9,140.
Part   Continue   Co		26	ŭ						26	,
attach Sch. EIC.  28			. ,				1 1			
29			` ,				28			
30										
31										
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   33   39,140.										
Refund   34									32	
Refund   34										9,140.
The deposit? See instructions.    Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit? See instructions.   Direct deposit?   Direct deposit?   Direct deposit?   Direct deposit?   Direct deposit?   Direct deposit?   Direct deposit.   Direct deposi				•						
Direct deposit? See instructions.  b Routing number 0 2 1 1 0 0 0 3 2 2 2 c Type:  Checking Savings d Account number 4 8 3 0 0 5 6 8 6 7 6 0 7 1	Refund									
Account number   4   8   3   0   5   6   8   6   7   6   0   7	Direct deposit?								Julia	, , , , , , ,
Amount You Owe  37 Subtract line 34 you want applied to your 2023 estimated tax								cavingo		
Amount You Owe  37  Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.  38  Estimated tax penalty (see instructions)  39  Do you want to allow another person to discuss this return with the IRS? See instructions.  39  Do you want to allow another person to discuss this return with the IRS? See instructions.  39  Designee's Phone no.  20  Designee's Phone no.  30  Designee's Phone no.  30  Designee's Phone no.  31  Do you want to allow another person to discuss this return with the IRS? See instructions.  39  Designee's Phone no.  30  Personal identification number (PIN)  30  Personal identification on the person of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  30  Date Phone no.  31  Subtract line 33 from line 24. This is the amount you one instructions.  32  Do you want to allow another person to discuss this return with the IRS? See instructions on number (PIN)  32  Personal identification number (PIN)  33  Proparer is any to the best of my knowledge and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  34  Proparer is a property of proparer (other than taxpayer) is based on all information of which preparer has any knowledge.  35  Proparer is a property of proparer (other than taxpayer) is based on all information of which preparer has any knowledge.  36  Proparer is a property of proparer (other than taxpayer) is based on all information of which preparer has any knowledge.  37  Proparer is a property of proparer in property of proparer in property of proparer in pro							36			
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions  Designee's Phone Personal identification number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  Date  Your occupation  For the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Phone no. (608) 469−5812  Paid Preparer  Use Only  Email address C.PANKAJ8421@GMAIL.COM  Preparer's name Preparer's signature  Preparer's signature  Preparer's address QUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88−2145487	Amount You Owe		Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe				37	
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions		38		_	-		1 1		0.	
Designee's name  Date  Phone no. (608) 469-5812  Preparer's name  Preparer's signature  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Preparer's name  Preparer's name  Preparer's signature  Preparer's name  Preparer's na	Third Party									
Sign Here  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  Date  Your occupation  For the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Identity Protection PIN, enter it here (see inst.)  Phone no. (608) 469–5812  Email address C.PANKAJ8421@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2023 P02082703 Self-employed  Firm's name GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88–2145487		ins	structions				. Yes. C	omplete b	elow.	<b>X</b> No
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature   Date   Your occupation   If the IRS sent you an Identity Protection PIN, enter it here (see inst.)									cation	
Here  Your signature  Date  Your occupation  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Phone no. (608) 469–5812  Email address  C. PANKAJ8421@GMAIL.COM  Preparer's name  Preparer's signature  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Firm's name  GLOBAL TAXES LLC  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN  Recall and the return and preparer (other than taxpayer) is based on all illinimitation which preparer in as any knowledge.  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Date  PTIN  Check if:  Phone no. (678) 965–9522  Firm's name  GLOBAL TAXES LLC  Phone no. (678) 965–9522  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN  Recall and the recall an								, ,		
Joint return? See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  HOME MAKER  Phone no. (608) 469–5812  Email address C.PANKAJ8421@GMAIL.COM  Preparer's name  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2023 P02082703 Self-employed  Firm's name  GLOBAL TAXES LLC  Phone no. (678) 965–9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88–2145487										
Joint return? See instructions. Keep a copy for your records.  Phone no. (608) 469-5812  Preparer's name Preparer Use Only  Prim's name GLOBAL TAXES LLC  Protection PIN, enter it here (see inst.)  SOFTWARE ENGINEER  SOFTWARE ENGINEER  Software Engineer  HOME MAKER  Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Date Preparer's name Preparer's signature Date PTIN Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O1/26/2023 P0 2082703 Self-employed  Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation  HOME MAKER  Phone no. (608) 469–5812  Email address C.PANKAJ8421@GMAIL.COM  Preparer's name  Preparer's signature  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2023 P02082703 Self-employed  Firm's name GLOBAL TAXES LLC  Phone no. (678) 965–9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88–2145487								l l		IN, enter it here
Keep a copy for your records.  Phone no. (608) 469–5812			ougo's signature. If a joint return	acth must sign	Data					et vour enouge en
Phone no. (608) 469-5812		Sp	ouse's signature. If a joint return, i	oth must sign.	Date	Spouse's occupan	ION			
Preparer's name   Preparer's signature   Date   PTIN   Check if:	your records.					HOME MAKER	₹	(see in	ıst.)	
Preparer Use Only  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2023 P02082703 Self-employed Prim's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487		Ph	one no. (608) 469-581	2	Email address	C.PANKAJ84	21@GMAIL.CC	)M		
Preparer Use Only         SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2023 P02082/03 L. Self-employed           Firm's name         GLOBAL TAXES LLC         Phone no. (678) 965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 88-2145487	Daid	Pre	, ,		ture					Check if:
Firm's name         GLOBAL TAXES LLC         Phone no. (678) 965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 88-2145487		SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2023	P02082	703	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	•									678) 965-9522
10.00	Use Uniy	Fin			NSWICK N	J 08816		Firm's	EIN	88-2145487
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Internal Revenue Service	mal Revenue Service Go to www.irs.gov/Form1040 for Instructions and the latest information.					
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	al security number			
PANKAJ V & RAS	052-02	-0962				
Part I Addition	onal Income					

Par	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	-8,900.
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		
I	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-SR	R, or 1040-NR, line 8	10	-8,900.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	·	_	
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction		_	
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	Attorney fees and court costs for actions involving certain unlawful			
		4h		
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			
		24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

2022
Attachment
Seauence No. <b>13</b>

OMB No. 1545-0074

Name(s) shown on return Your social security number 052-02-0962 PANKAJ V & RASHMI P CHAVAN Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . Physical address of each property (street, city, state, ZIP code) 1a BLUE RIDGE TOWNSHIP TOWER HINJEWADI MAHARASHTRA IN MAHARASHTRA Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 500. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 800. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,800. 2,500. 14 14 Repairs . . . 15 Supplies 15 16 16 Taxes 17 17 2,100. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 9,400. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -8,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 8,900.) 500. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,400. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,900. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -8,900. 26

### **SCHEDULE 8812** (Form 1040)

## **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47** 

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number

PANK	AJ V & RASHMI P CHAVAN	052-	02-0	962
Pai	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	93,546.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	93,546.
4	Number of qualifying children under age 17 with the required social security number  4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residues to the control of the con	dent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	-	7	500.
8	Add lines 5 and 7		8	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int$		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.  Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the <b>Credit Limit Worksheet A</b>		13	7 704
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>		14	7,704. 500.
17	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		17	500.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>additio</b>	nol abi	ld tex	aradit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N			
	(also complete Schedule 3, line 11) before completing Part II-A.	vix uii0	ugii II	IIC 21
	(also complete schedule 3, the 11) before completing Fait II-A.			

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
_	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

PANI	ANKAJ V & RASHMI P CHAVAN 052-02-096				
Prepare	rer's name Preparer tax identifi			oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.  • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states are constant.	7, a copy of any o prepare Form provided by the atus or to figure			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			×	
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			
	and all Book after Ant Matter and account to the after a			<b>`</b>	

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified 	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the taxand provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses or s) and/o	the ref or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No
	'	Form <b>88</b>		11-2022

# Form **8582**

Department of the Treasury

Internal Revenue Service

### **Passive Activity Loss Limitations**

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2022

Attachment
Sequence No. 858

Name(s) shown on return Identifying number PANKAJ V & RASHMI P CHAVAN 052-02-0962 Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . 1b 8,900. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . 1d -8,900. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) . . . 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( **d** Combine lines 2a, 2b, and 2c . . . . . . . . . . . . . . . . . . 2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -8,900.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . . . . 4 4 8,900. 5 Enter \$150,000. If married filing separately, see instructions . . . . . . 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 102,446. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 47,554. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 23,777. Enter the **smaller** of line 4 or line 8 9 9 8,900. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 8,900. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 8,900. BLUE RIDGE TOWNSHIP TOWER 8,900.

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

8,900.

Form 8582 (2022) Page **2** 

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•		
Name of activity		Currer	nt year		Prior ye	ior years Ove			erall gain or loss		
Name of activity		Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain	(e) Loss			
	-										
Total. Enter on Part I, lines 2a, 2b, and 2c											
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II.	<b>Line 9.</b> S	ee instruc	tions.					
Name of activity	Fo an to	rm or schedule d line number be reported on e instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).		
BLUE RIDGE TOWNSHIP TOWER		E Ln 22		8,900.	1.0000	0000	8,90	0.	0.		
				·							
Total				8,900.	1.00	)	8,90	0.	0.		
Part VII Allocation of Unallowed L	.oss	<b>ses.</b> See instr	uction	S.							
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS		( <b>b)</b> Ratio	(c	) Unallowed loss		
Total							1.00				
Part VIII Allowed Losses. See instr											
Name of activity		Form or scho and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss		
Total											

For the year Jan. 1-Dec. 31, 2022, or other tax year

6	Ch	eck here if an amended return	<b>)</b>	be	ginning	J		, 2022	ending	, 20
STAPLE		legal last name IAVAN	Legal first na				M.I.	Your social se	curity number 1962	
NOT	CH	oint return, spouse's legal last name IAVAN	Spouse's leg	I			M.I. P	Spouse's soci	al security numb 131	per
DO		ne address (number and street). If you have 7 SUMMERVIEW CT	a PO Box, se	e page 12.		Apt. no.		Tax distric		n either the name of the
turn	,	or post office ADISON		State WI	Zip cod 537			city, village		the county in which you
g re	Fi	ling status Check √ below							X_ City	Village Town
before assembling return	_	_ Single						City, village,	MADISO	N
ssei	_>	☑ Married filing joint return	Legal <b>last</b> n	iame				·		
re a	_	Married filing separate return.						County of	DANE	
		Fill in spouse's SSN above and full name here	Legal first r	name			M.I.	School dis	strict numbe	<b>Pr</b> See page 442443
page 5	_	_ Head of household, NOT marrie (see page 13).	d			$\uparrow$		Special conditions	s	
See	_			ried, fill in above and				Form 8	304 filed with r	eturn (see page 10)
	Us	se BLACK Ink   Print numbers	like this →	0123	4567	789 1	Not like	ethis $\rightarrow \varnothing 1$	47 • 1	NO COMMAS; NO CENTS
	1	Federal adjusted gross income fr	om Form 1	1040 line	. 11				1	93546.00
										_
		Adjustments to federal adjusted of							_	
	3	Add lines 1 and 2. This is your fe	deral adjus	sted gros	s incon	ne for W	iscons	sin purposes	· 3 _	93546.00
		Form W-2 wages included in line	3			)		10:	2446.00	
	4	Total additions to income from So	chedule AD	), line 33	. Includ	de Sched	lule A[	D (see page	14) <b>4</b> _	.00
	5	Add lines 3 and 4							5 _	93546.00
	6	Total subtractions from income fr Enter as a positive number								.00
	7	Subtract line 6 from line 5. This is							_	
									_	
Ø		Standard deduction. See table of someone else can claim you (or y	our spouse	) as a dep	endent	, see pag	e 15 a	nd check her	e •	0120.00
	9	Subtract line 8 from line 7. If line	8 is larger	than line	7, fill in	າ 0			9 _	85418.00
ent h	10	Exemptions (Caution: See pag	e 15)							
oaym		<b>a</b> Fill in exemptions allowed			3	x \$700	10	)a	2100.00	
PAPER CLIP payment here		<b>b</b> Check if 65 or older You	+ Spo	ouse =		x \$250	10	)b	.00	
ER C		c Add lines 10a and 10b							10c_	2100.00
PAP										



		NO COMMAS; NO CENTS
11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income 11	83318.00
12	Tax (see table on page 37)	4008.00
13	Itemized deduction credit. Include Schedule 1, page 4	
14	Additional child and dependent care tax credit (see page 17)	
	Federal credit	
15	School property tax credit	
	a Rent paid in 2022 – heat included 13200.00 Find credit from	
	Rent paid in 2022 – heat not included	
	<b>b</b> Property taxes paid on home in 202200 Find credit from table page 20 . <b>15b</b> 00	
16	Working families tax credit (see page 20)	
17	Married couple credit. Include Schedule 2, page 4	
18	Nonrefundable credits from line 34 of Schedule CR	
19	Net income tax paid to another state. Include Schedule OS 1900	
20	Add lines 13 through 19	300.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax 21	3708.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22  If you certify that no sales or use tax is due, check here	.00.
23	Donations (decreases refund or increases amount owed)	
	a Endangered resources00 e Military family relief00	
	<b>b</b> Cancer research	
	c Veterans trust fund g Red Cross WI Disaster Relief	
	d Multiple sclerosis	
	Total (add lines a through h) <b>&gt; 23i</b>	.00
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25)	.00.
25	Other penalties (see page 25)	.00
26	Add lines 21, 22, 23i, 24, and 25	3708.00
27	Wisconsin tax withheld. Include withholding statements	
28	2022 estimated tax payments and amount applied from 2021 return 2800	
29	Earned income credit. Number of qualifying children	
	Federal credit00 x % =	
30	Farmland preservation credit. <b>a</b> Schedule FC, line 17	
	<b>b</b> Schedule FC-A, line 13	
31	Renayment credit (see page 27)  31 00	

Name	e(s) shown on Form 1			Your s	social security number
PA	NKAJ V & RASHMI P CHAVAN			052	2020962
					NO COMMAS; NO CENTS
32	Homestead credit. Include Schedule H or H-EZ	32	.0	0	
33	Eligible veterans and surviving spouses property tax credit .	33	.0	0	
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	.0	0	
35	AMENDED RETURN ONLY-Amounts previously paid (see page 31)	35	.0	0	
36	Add lines 27 through 35	36	5161.0	<u>0</u>	
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	.0	0	
38	Subtract line 37 from line 36			38 _	5161.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b>			39 _	1453.00
40	Amount of line 39 you want <b>REFUNDED TO YOU</b>			40 _	1453.00
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	00	<u>00</u>	
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b>			42 _	.00
43	Underpayment interest. Fill in exception code-See Sch. U			43 _	.00
44	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE.</b> Paper cli	p pay	ment to front of return	44 _	.00.
45	Interest (see page 34)			<b>45</b> _	.00
Thir	Do you want to allow another person to discuss this return with the depar	tment	(see page 34)? Yes	Com	nplete the following. X No
Part Des	y Designee's Phonon no. ▶	-	Person identific numbe	cation	

$\mathcal{L}$
$\mathcal{O}$

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

## Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief. Your signature Date Daytime Phone Wisconsin Identity Protection PIN (7 characters) 6084695812 Spouse's signature (if filing jointly, BOTH must sign) Daytime Phone Date Wisconsin Identity Protection PIN (7 characters) I-010ai Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34). Mail your return to: Wisconsin Department of Revenue If tax due.....PO Box 268, Madison WI 53790-0001 If refund or no tax due.....PO Box 59, Madison WI 53785-0001 If homestead credit claimed......PO Box 34, Madison WI 53786-0001



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page
--

1	Medical and dental expenses from federal Schedule A (Form 1040).  See instructions for exceptions	1	.00
<u>2</u>	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00.
<u>3</u>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
<u>4</u>	Casualty losses from federal Schedule A (Form 1040)	4	.00
<u>5</u>	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 8 on page 1 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	0.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	.00

|--|

You must submit this page with Form 1 if you claim either of these credits



### Schedule 2 - Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

١		(A) YOURSELF	(B) SPOUSE
	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
	<ul> <li>Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income</li> </ul>	.00	.00
	3 Combine lines 1 and 2. This is earned income	.00	.00
	Add the amounts from federal <b>Schedule 1</b> (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	
	5 Subtract line 4 from line 3. This is qualified earned income.  If less than zero, fill in 0	.00	.00
	6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00
	<b>7</b> Rate of credit is .03 (3%)	7	x .03
	8 Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form	118	Do not fill in .00 more than \$480.

INTUIT



## **Additional Information From 2022 Wisconsin Tax Return**

### Form 1: Wisconsin Income Tax

Rent with heat Itemization Statement

Description	Amount
RENT (\$1100*12M)	13200.00
Total	13200

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

2022	)
------	---

OMB No. 1545-0074

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

		ingle X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	househo	old (HOH	)		ifying surv ıse (QSS)	iving	
Check only one box.	If you	u checked the MFS box, enter the na	ame of y	our spouse. If you	check	ed the HOH or	QSS b	ox, ente	r the cl	•	, ,	e qualifying	
		on is a child but not your dependent											
Your first name	and mi	ddle initial	Last nar	ne					Yo	ur so	cial security	/ number	
PANKAJ V	-		CHAV	AN					0.5	52-0	2-02-0962		
If joint return, sp	ouse's	first name and middle initial	Last nar	me					Sp	ouse's	s social sec	urity number	
RASHMI P CHAVAN 95						56-9	99-9131	•					
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Pr	esider	ntial Electio	n Campaign	
17 SUMMERVIEW CT						А				ere if you,			
City, town, or post office. If you have a foreign address, also complete spaces below.						te	ZIP cod	le				ly, want \$3	
MADISON				WI 53704				4		to go to this fund. Checking box below will not change			
Foreign country name				oreign province/state	e/count	ty	Foreign	postal co	de yo	ur tax	or refund.		
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, c	r payr	ment for prope	rty or se	ervices);	or (b)	sell,	_		
Assets	exch	ange, gift, or otherwise dispose of a		<u>_</u>	linter	est in a digital	asset)?	(See ins	tructio	ons.)	Yes	⊠ No	
Standard		eone can claim: You as a de		•		•							
Deduction	<u></u> s	pouse itemizes on a separate retur	n or you	were a dual-statu	s alien	1							
Age/Blindness	You:	☐ Were born before January 2, 19	958	Are blind S	oouse	: Was bor	n befor	e Janua	ry 2, 19	958	Is bli	nd	
Dependents	s (see i	nstructions):		(2) Social secur	ity	(3) Relationsh	nip (4)	Check the	e box if	qualif	ies for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number	-	to you		Child ta	x credit	:	Credit for oth	er dependents	
than four	ADV	IK P CHAVAN		961-90-82	16	Son					>	<	
dependents, see instructions													
and check													
here													
Income	1a	Total amount from Form(s) W-2, be	,	,						1a	10	2,446.	
	b	Household employee wages not re								1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep		. ,	instru	ıctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		· ·						1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi	,			1	· ·			1h	-	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i					1.0		
	Z	Add lines 1a through 1h								1z		2,446.	
Attach Sch. B	2a	'	2a			axable interes				2b			
if required.	3a_		3a			ordinary divide			•	3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun	τ		·	6b			
Married filing separately,	c	If you elect to use the lump-sum el			•	•				-			
\$12,950	7	Capital gain or (loss). Attach School		•					Ш	7		0 000	
Married filing jointly or	8	Other income from Schedule 1, line		This is a series to the series						8		8,900.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-						9	+ 9	3,546.	
\$25,900	10	Adjustments to income from Sche								10	+ -	2 E4C	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•	-					•	11		3,546.	
\$19,400 If you checked	12 13	Standard deduction or itemized  Qualified business income deducti								13	+ - 4	5,900.	
any box under	14	Add lines 12 and 13								14	2	5 900	
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		5,900. 7,646.	
see instructions.		Castract into 14 nom line 11. Il Zei	J UI 1038	, onto 0 . IIIIo 15	your				•	13		7,040.	

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	7,704.
Credits	17	Amount from Schedule 2, lin	ie 3				[	17	
	18	Add lines 16 and 17					[	18	7,704.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	500.
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			1	22	7,204.
	23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 21			23	0.
	24	Add lines 22 and 23. This is			•			24	7,204.
Payments	25	Federal income tax withheld							<u>,                                      </u>
,	а	Form(s) W-2				<b>25a</b> 9	,140.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	9,140.
	26	2022 estimated tax payment						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27	İ		
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32		32						
	33	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>							9,140.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							1,936.
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							1,936.
Direct deposit?	b	Routing number 0 2 1 0 0 0 3 2 2 c Type: X Checking Savings							,
See instructions.	d	Account number 4 8 3 0 5 6 8 6 7 6 0 7							
	36	Amount of line 34 you want				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	. This is the <b>am</b> o	ount you owe				37	
	38	Estimated tax penalty (see instructions)							
Third Party		you want to allow another							
Designee		structions	•				omplete be	elow.	<b>X</b> No
		signee's		Phone			onal identific	cation <sub>I</sub>	
	naı			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		1		nt you an Identity
Joint return?					SOFTWARE ENGINEER			ction Pl nst.)	N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation				RS ser	nt your spouse an
Keep a copy for							I		ection PIN, enter it here
your records.					HOME MAKER	₹	(see in	ıst.)	
		one no. (608) 469-581		Email address	C.PANKAJ84	21@GMAIL.CC			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2023	P02082		Self-employed
Use Only	Fire	m's name GLOBAL TA					Phone	no. (	678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form <b>1040</b> (2022)

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.	Sequence No. <b>01</b>			
Name(s) shown on Form 1040, 1040-SR, or 1040-NR  Your soci					
PANKAJ V & RAS	HMI P CHAVAN	052-02	-0962		
Part I Addition	onal Income				

Par	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	-8,900.
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		
I	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-SR	R, or 1040-NR, line 8	10	-8,900.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		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)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	łq		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555	1j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
	24			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

2022
Attachment
Seauence No. <b>13</b>

OMB No. 1545-0074

Name(s) shown on return Your social security number 052-02-0962 PANKAJ V & RASHMI P CHAVAN Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . Physical address of each property (street, city, state, ZIP code) 1a BLUE RIDGE TOWNSHIP TOWER HINJEWADI MAHARASHTRA IN MAHARASHTRA Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 500. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 800. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,800. 2,500. 14 14 Repairs . . . 15 Supplies 15 16 16 Taxes 17 17 2,100. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 9,400. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -8,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 8,900.) 500. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,400. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,900. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -8,900. 26

### **SCHEDULE 8812** (Form 1040)

## **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47** 

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number

PANK	AJ V & RASHMI P CHAVAN	052-	02-0	962
Pai	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	93,546.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	93,546.
4	Number of qualifying children under age 17 with the required social security number  4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residues to the control of the con	dent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	-	7	500.
8	Add lines 5 and 7		8	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int$		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.  Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the <b>Credit Limit Worksheet A</b>		13	7 704
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>		14	7,704. 500.
17	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		17	500.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>additio</b>	nol abi	ld tex	aradit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N			
	(also complete Schedule 3, line 11) before completing Part II-A.	vix uii0	ugii II	IIC 21
	(also complete schedule 3, the 11) before completing Fait II-A.			

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
2.5	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dowl	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

PANKAJ V & RASHMI P CHAVAN 052-02-096			2		
Preparer's name Preparer tax identification				oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	X			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.  • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) to taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states are curt(s) of the area div(s).	7, a copy of any o prepare Form provided by the atus or to figure			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			×	
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			
	and all Book after Ant Matter and account to the after a			<b>`</b>	

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quetuition and related expenses for the claimed AOTC?	alified 	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year 	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/o	the ref or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	"s eligib	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No
	'	Form <b>88</b>		11-2022

# Form **8582**

# **Passive Activity Loss Limitations**

See separate instructions.

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

Attach to Form 1040, 1040-3h, or 1041.

OMB No. 1545-1008

2022

Attachment
Sequence No. 858

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s	s) shown on return				le	dentifying ı	number
PANI	KAJ V & RASHMI P CHAVAN				(	052-02	-0962
Pai	-		5				
	Caution: Complete Parts IV ar						
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participat	ion, see <b>Speci</b> a	al	
1a	Activities with net income (enter the a	mount from Part IV	V, column (a)) .	1a	0		
b	Activities with net loss (enter the amo				( 8,900	. )	
С	Prior years' unallowed losses (enter the				(	)	
d	Combine lines 1a, 1b, and 1c					. 1d	-8,900.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	', column (a)) .	2a			
b	Activities with net loss (enter the amo				(	)	
С	Prior years' unallowed losses (enter the				(	)	
d	Combine lines 2a, 2b, and 2c					. 2d	
3	Combine lines 1d and 2d. If this line i					n;	
	all losses are allowed, including any	prior year unallow	ed losses entered	on line 1c o	r 2c. Report th	ne	
	losses on the forms and schedules no	ormally used .				. 3	-8,900.
	If line 3 is a loss and: • Line 1d is a	loss go to Part II					
		loss (and line 1d is	zero or more). sk	ip Part II and	go to line 10.		
	on: If your filing status is married filing I. Instead, go to line 10.  t II Special Allowance for Rer					the year,	do not complete
	Note: Enter all numbers in Par				-		
4	Enter the <b>smaller</b> of the loss on line 1					. 4	8,900.
5	Enter \$150,000. If married filing separ	ately, see instructi	ions	5	150,000		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	102,446		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	47 <b>,</b> 554		
8	Multiply line 7 by 50% (0.50). Do not e						23,777.
9	Enter the <b>smaller</b> of line 4 or line 8					. 9	8,900.
Par		10 1 1				10	
10	Add the income, if any, on lines 1a an					. 10	0.
11	Total losses allowed from all passiv	e activities for 20	<b>122.</b> Add lines 9 an	id 10. See ins	structions to fir	na   .   <b>11</b>	8,900.
Par	out how to report the losses on your t	ax return	a 1h and 1c S	ee instructi	nne	.   11	0,000.
ı aı	Complete This Fait Below						
		Curre	nt year	Prior yea	rs (	Overall ga	ain or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallov	ved (n)		
		(line 1a)	(line 1b)	loss (line		aain	(e) Loss
BLU	E RIDGE TOWNSHIP TOWER	0.	8,900.				8,900.

8,900.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2** 

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior y	ears	Overa	ll ga	gain or loss	
ramo or activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II.	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	Fo an to	rm or schedule ad line number be reported on se instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
BLUE RIDGE TOWNSHIP TOWER		E Ln 22		8,900.	1.0000	0000	8,90	0.	0.	
Total				8,900.	1.00	)	8,90	0.	0.	
Part VII Allocation of Unallowed L	.oss	<b>ses.</b> See instr	uction	S.						
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr										
Name of activity		Form or scho and line nur to be reporte (see instruct	nber ed on	(a) L	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss	
Total										