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	yer's name	Socia	I securit	y numb	er				
SUR	RESH PAULRAJ	86	6-96-	-4546	5				
Spouse	e's name	Spous	se's soci	ial secu	rity number				
Par	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)								
Enter	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	120,218.				
2	Total tax			2	19,580.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	22,446.				
4	Amount you want refunded to you			4	2,866.				
5	Amount you owe			5					
Dow	Townsway Declayation and Connetwy Authomization (Decume you get and								

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

6	4	5	4	6	26			
Enter five digits, but don't enter all zeros								

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►			•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	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 🕨	
ERO Must Retain Th Don't Submit This Form to t			
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/24/23 PRO	Form 8879 (Rev. 01-2021)

Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someore can claim: You as a dependent Your spouse as 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): (2) Social security (a) Relationship (4) Check the box if qualifies for (see instructione): Credit for other dependent If more (1) First name Last name number vou (a) Relationship (4) Check the box if qualifies for (see instructione): Credit for other dependent and check Image:	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	vrite or staple	in this space.
Your first name and middle initial Last name Your social security number SUEESH PAULRAJ Aft no. Presidential flexes with security number Home address (number and street). If you have a P.0. box, see instructons. Apt no. Presidential flexes escala security number 1011 EMIL PAL Presidential flexes, also complete spaces below. State TX T5 01 3 bo to bis fund. Checking a to or or or or or or otherwise dispose of a digital asset of a fancial asset property or services; or (b) sell. Postgart At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You is posted Standard Someone can claim: You as a dependent You ar space of a digital asset (r) for asset to the instructions; You is posted Adey/Bindness You: Were born before January 2, 1956 Is bind Dependents (cae instructions); (f) finat rame (a tata main from form(b) W-2, box 1 (see instructions); 1a Tata around If more (1) finat rame Last name (f) or our form of the or dependent is to dependent is as a dependent is to receive instructions); 1a Tata around is instructions; 1a Tata around is instructions; 1a Tata around is instructions; 1a Tata around is or dependent is instructions; <	Check only	lf yo	ou checked the MFS box, enter the n	ame of y	<u> </u>	,			,	,	spoi	use (QSS)	U U
SURRESH PAULRAT 865-96-4546 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and streed, If you have a PO. box, see instructions. Apt no. Presidential Election Campaign 1011 ENTL Presidential Election Campaign State 2P code Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country You Standard Someone can calleding. You grave At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, You You Standard Someone can calleding. You grave as a dependent You was to metry or you were a dual-status allen Aprel name You You You You Someone can calleding the set of th	Your first name		, ,	1	me						Your so	cial securi	ty number
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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 spoces of Hing Jointy, want 38 City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code Spoces of Hing Jointy, want 39 Foreign country name Foreign province/state/county Foreign province/state/county Foreign patal code You Spoces 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, gft, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Spouse itemizes on a separate return or you were a dual-status allein Aps/Bindness You Spouse Yes No Dependents (see instructions): Ware born before January 2, 1958 Its blind Spouse: Check for other dopendent dependents, see instructions) Ital Ital<	-	pouse's	s first name and middle initial										
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City, town, or post office. If you have a toreign address, also complete spaces below. Strie 2/P code TX 75013 spouse if filling jointly, want S3 tog to this fund. Checking a box below will not change your tax or fedmal. Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country or ou Spouse Digital Assets At any time during 2022, did you: (a) receive (as a reward, or payment for property or services); (b) sell, exchange, gift, or otherwise dispose of 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 were a dual-status alien Age/Bindness Yee born before January 2, 1958 Are bind Spouse: Was born before January 2, 1958 Is bind Dependents (see instructions): (f) First name Immet	1011 EMI	[T, P]	T ₁										
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Image: Construction of the second	Attach Sch. B	2a		2a		bТ	axable interes	t.			2b)	11.
Standard Deduction for-Deduction for-Deduction for-Single or Married filing separately, \$12,950 5a Pensions and annuities	if required.	3a	Qualified dividends	3a	4.	bС	rdinary divide	nds .			3b)	б.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . . . 7 Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 120, 218. 10 Adjustments to income from Schedule 1, line 26 . . . 11 11 Subtract line 10 from line 9. This is your adjusted gross income . . 11 120, 218. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 5ubtract line 14 from line 11. If zero or less enter -0- This is your taxable income 		4a	IRA distributions	4a		bТ	axable amoun	t			4b)	
Single or Married filing separately, \$12,950 6a Social security benefits	Standard	5a	Pensions and annuities	5a		bΤ	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		bΤ	axable amoun	t			6b)	
\$12,950 7 Capital gain of (loss). Attach Schedule D if required, theorequired, check here 1 7 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 9 120,218. 10 Adjustments to income from Schedule 1, line 26 10 11 120,218. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 120,218. 12 12,950. 11 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 14 12,950. 14 12,950.	Married filing	с	If you elect to use the lump-sum e	lection r	nethod, check here	e (see	instructions)			. [
8Other income from Schedule 1, line 108-12,602.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9120,218.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131412,950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15		7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired	, check here			. [] 7		
Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9120, 218.10Adjustments to income from Schedule 1, line 2610Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11120, 218.12Standard deduction or itemized deductions (from Schedule A)121212, 950.13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.1412, 950.14Subtract line 11 If zero or less enter -0- This is your taxable income15107, 268	 Married filing 	8	Other income from Schedule 1, lin	e10 .							8		12,602.
\$25,900 10 Adjustments to income nom occledule 1, inte 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 120,218. • Head of household, \$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 • If you checked any box under Standard 14 12,950. 14 • If you checked any box under Standard 14 12,950. • If you checked any box under Standard 15 10.7 268	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8.	This is your total i i	ncome	э				9	12	20,218.
11 Subtract line 10 from line 9. This is your adjusted gross income 11 120,218. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 Add lines 12 and 13 13. 14 12,950. 14 15 Subtract line 14 from line 11. 14 from line 11. 15 107.268.		10	Adjustments to income from Sche	dule 1, l	ine 26						10)	
\$19,400 12 Standard deduction or itemized deductions (irom 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 13 It Add lines 12 and 13 13 14 12,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 107,268	Head of										11	12	20,218.
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 15 107 268													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 15 107 268	 If you checked any box under 								· ·				
	Standard								· ·	• •			
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is	your 1	axable incom	1 e .	· ·	• •	15) 1(J7,268.

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

Form **1040** (2022)

Form 1040 (2022	2)								Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	19,58	0.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	19,58	0.
	19	Child tax credit or credit for	other dependen	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	19,58	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	19,58	0.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 2	2,446.			
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	22,44	б.
If your have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · · ·			33	22,44	6.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,86	6.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	🗆	35a	2,86	6.
Direct deposit?	b	Routing number 1 2 1	0 0 0 3	5 8	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 3 2 5	0 8 8 5	5 2 7 6	5 3		-			
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				🗌 Yes. 🤇	Complete	below.	🗙 No	
		signee's		Phone			sonal identi	fication		
	na			no.			nber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr								
Here		ur signature		Date	Your occupation		1		nt you an Identity	.90.
	10			Date					IN, enter it here	
Joint return?					COMPUTER I	PROGRAMMER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an	
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it	here
,		(012)505 406	0	For all a status as				1130.)		
		one no. (813)585-426 eparer's name	9 Preparer's signat	Email address	SURESH88E	CE@GMAIL.C	DM PTIN		Check if:	
Paid					AIIDMA			0		ad
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/09/2023	-		Self-employ	
Use Only		m's name GLOBAL TA			T 00016				678)965-95	
			Y CT E BRU	INSWICK No			Firm	's EIN	84-31719	
(to to www.ire a	ov/Forr	a1040 for instructions and the late	et information		DAA	DEV 00/04/00 DDO			Eorm 1040	(0000)

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

REV 02/24/23 PRO BAA

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.

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	al security number
SURESH PAULRAJ		866-96	-4546
Part I Additio	onal Income		

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	148.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-12,750.
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		
ο	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		
Ζ	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	, or 1040-NR, line 8	10	-12,602.

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

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	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				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 [±]	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your adjustments to income				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

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

soci	al security numbe	r
	Attachment Sequence No.	13

2

Name(s)	shown on return						Your	social see	curity n	umber
SURE	SH PAULRAJ						866	5-96-4	546	
Part	I Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro ty, use	yalties Schedule	c . See	instruc	ctions. If you a	are an	individua	al, repo	ort farm
	Did you make any payments in 2022 that would require you									
B I	"Yes," did you or will you file required Form(s) 1099? .							[_ Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)							
Α	KODUNGAIYUR CHENNAI TAMILNADU IN 60011	L 8								
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Per	sonal U Days	lse	QJV
Α	personal use days. Check the Q	JV box	x only	Α		365		-	0	\square
В	if you meet the requirements to f			B					-	
С	qualified joint venture. See instru	ictions	S.	С						
	of Property:			_						
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe) _			
						Propert	ies:			
Incom	e:			Α		В				С
3	Rents received	3		6	00.					
4	Royalties received	4								
Expen	ses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,0	00.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		8	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,9	00.					
15	Supplies	15		3,1	50.					
16	Taxes	16								
17	Utilities	17		4,5	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		13,3	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-12,7	50					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	21		12,75)()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		600	0.		
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	13	3,350	0.		
24	Income. Add positive amounts shown on line 21. Do no		ude any lo	sses			. 2	24		
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from lir	ne 22. E	inter to	tal losses he	re [25 (1	2,750.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines :	24 and	25. E	nter the resu	ult			
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this an	apply	to you, a	also en	ter th	is amount o	on	26	_	12,750.

-12,750.

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

	Sequence No. 52
	ber of HSA beneficiary.
spouses hav	e HSAs, see instructions
266-96-	1516

2

Name(s)			of HSA beneficiary. SAs, see instructions.
SURE		5-96-45	,
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contrac	ts, if requ	uired.
Part	HSA Contributions and Deduction. See the instructions before completing this part and both you and your spouse each have separate HSAs, complete a separate Part I		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 202 See instructions		elf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by a unextended due date of your tax return that were for 2022. Do not include employer contribution contributions through a cafeteria plan, or rollovers. See instructions	ns,	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, y were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 family coverage). All others , see the instructions for the amount to enter	for	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 88 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, a include any amount contributed to your spouse's Archer MSAs	lso 4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	. 5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fan coverage under an HDHP at any time during 2022, see the instructions for the amount to enter .	-	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family covera under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	s. 7	0.
8	Add lines 6 and 7	. 8	3,650.
9	Employer contributions made to your HSAs for 2022	50.	
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	. 11	3,650.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 13	0.
Part		separate	HSAs, complete
	a separate Part II for each spouse.		
14a	Total distributions you received in 2022 from all HSAs (see instructions)	. 14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any exce contributions (and the earnings on those excess contributions) included on line 14a that we withdrawn by the due date of your return. See instructions	ere	
с	Subtract line 14b from line 14a		
15	Qualified medical expenses paid using HSA distributions (see instructions)		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include t amount in the total on Schedule 1 (Form 1040), Part I, line 8f	his:	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 th are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (For 1040), Part II, line 17c	hat orm	
Part		ructions l	
18	Last-month rule	. 18	
19	Qualified HSA funding distribution	. 19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	. 20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (For 1040), Part II, line 17d		

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

Schedule 1	State and Local Income Tax Refund Worksheet
Line 1	State and local taxes paid in 2021 or prior years and refunded in 2022

hours on Deturn

Name(s) Shown on Return	Social Security Number
SURESH PAULRAJ	866-96-4546

Part I State and Local Income Tax Refunds from 2021 Tax Returns 1 (f) (a) (b) (d) (e) (g) (c) State Refund Estimated Extension Total Refund Refund Amount Tax Paid Payments Payments Allocated to Allocated to or Local After and Column (c) Column (d) Code 12/31/2021 Withholding Totals . 2 Total state and local refunds. Total line 1 column (b). Refund allocated to tax paid after 12/31/2021. Total line 1 columns (f) and (g). 3 Net refund. Line 2 less line 3. 4 Part II Recovery Amount The recovery amount is the state and local income tax deducted in 2021 refunded in 2022. Total state and local income tax deduction from line 5a of your 2021 Schedule A . . . 5 Recovery amount. Lesser of line 4 or line 5. 6 Part III Recovery Exclusion The recovery exclusion is the part of the recovery amount which did not reduce tax in 2021. Recovery exclusion from sales tax deduction, SALT limitation and standard deduction: 0. **b** Allowable itemized deductions, refigured by excluding recovery amount: (1) Refigured state and local tax deduction (Schedule A, line 5a): (a) Refigured state income tax deduction 0. (c) Refigured deduction. Larger of (a) or (b) 0.

12,550. c 2021 standard deduction based on 2021 filing status and deductions. 12,550. e Subtract line 7d from line 7a 0. 0. 8 Recovery exclusion from negative taxable income. If 2021 taxable income was negative, enter here as a positive number, else enter zero. Ο. 9 Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2021 enter zero. If did pay AMT in 2021, enter amt from line 24 0. 10 Recovery exclusion from unused tax credits. If no unused credits in 2021, enter zero. If there were unused credits in 2021, enter amount from line 35. 11 Ο.

Part IV Taxable Refund

The I	ecovery amount less the recovery exclusion is a taxable refund.	
12	Taxable refund from 2021. Line 6 less line 11	
13	Total taxable refunds from 2020 or prior tax returns. Total line 36 column (d)	148.
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Schedule 1, line 1	148.

SURESH PAULRAJ

Part V Recovery Exclusion From Alternative Minimum Tax

Complete this part only if you paid Alternative Minimum Tax in 2021.	
15 Enter your alternative minimum tax from 2021 Form 1040, Sch 2, line 1	
16 Enter your excess advance premium tax credit from 2021 Form 1040, Sch 2, ln 2	
17 Enter your regular tax from 2021 Form 1040, line 16	12,980.
18 Total original regular, excess APTC and AMT. Add lines 15, 16 and 17	12,980.
If line 15 is zero, skip lines 34 through 36 and enter line 6 on line 23.	
19 a Enter your recomputed alternative minimum tax (see help)	
b Enter your recomputed excess advance prem tax credit (see help)	
20 Recomputed AMT plus excess advance prem tax credit (Line 19a plus 19b)	
21 Enter your recomputed regular tax (see help)	
22 Total recomputed regular, excess APTC and AMT. Add lines 20 and 21	
23 If line 18 is equal to line 22, enter zero. If line 18 is less than line 22,	
enter the amount of the recovery that reduced total tax (see help)	
24 Recovery exclusion. Line 6 less line 23	

Part VI Recovery Exclusion From Unused Tax Credits

Complete this part only if you had unused tax credits in 2021.

Original unused credits (see help)	
Original tax after credits from 2021 Form 1040, line 22	12,980.
If line 25 is zero or line 26 is not zero, skip lines 27 thru 31, enter 100% on line 32.	
Enter your recomputed tax before credits (see help)	
Enter your original tax before credits from 2021 Form 1040, line 18	12,980.
Increase in tax before credits. Line 27 less 28	
Enter your recomputed tax after credits (see help)	
Enter your recomputed unused credits (see help)	
Percent. Divide line 30 by line 29. Do not enter more than 100%	100.000000
Enter recovery amount from line 6	
Enter the amount of the recovery that reduced tax (see help)	
Recovery exclusion. Line 33 less line 34	
	Original unused credits (see help)

Part VII State and Local Income Tax Refunds from 2020 or Prior Year Tax Returns

36 (a) State or local code		(b) Tax Year	(c) 2020 or prior year refund	(d) Taxable amount		
CA		2018	148	148		
Totals .			148.	148		