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)

T.....

| Taxpaye | er s name | Social security number | | | | | |
|---------|---|------------------------|---------------------------------|-------------|--|--|--|
| POO | JA KUMAWAT | 824-15-8657 | | | | | |
| Spouse' | 's name | Spouse's so | Spouse's social security number | | | | |
| Part | Tax Return Information – Tax Year Ending December 31, 2022 (Enter | r year you a | are au | thorizing.) | | | |
| Enter | whole dollars only on lines 1 through 5. | | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | |
| 1 | Adjusted gross income | | 1 | 102,975. | | | |
| 2 | Total tax | | 2 | 15,442. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 17,078. | | | |
| 4 | Amount you want refunded to you | | 4 | 1,636. | | | |
| 5 | Amount you owe | | 5 | | | | |
| Part | Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | |

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

Taxpayer's PIN: check one box only

| X I authorize GL | OBAL TAXES LLC | to enter or generate my PIN |
|------------------|----------------|-----------------------------|
|------------------|----------------|-----------------------------|

| Enter five digits, but don't enter all zeros | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| | 5 | 8 | 6 | 5 | 7 | | | |

my

as mv

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 | mv | PIN |
|----|-------|----|----------|------|-----|
| ιO | enter | 0I | yenerate | IIIY | |

Enter five digits, but don't enter all zeros

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

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

| Spouse's signature ► | Date ► | | | |
|---|---|--|--|--|
| Practitioner PIN Method Returns Only—continue below | | | | |
| Part III Certification and Authentication – Practition | r PIN Method Only | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-d | igit self-selected PIN. 2 2 2 4 9 6 6 1 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 🕨 | |
|------------------------------------|------------------------------|------------|--------------------------|
| Don't Su | | | |
| For Deperture Reduction Act Nation | vour tox roturn instructions | | Earm 8879 (Pov. 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/17/23 PRO

| Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: 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): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more than four dependents, see instructions In First name Last name Image: Content of the dependent of the dep | 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | 202 | 2 | OMB No. 1545 | -0074 | IRS Use Only | ∕−Do not w | rite or staple in this space. |
|--|---------------------------------------|---------|--|----------------|-----------------------|-------|------------------|--------|----------------|-------------|-------------------------------|
| Your first name and middle initial Last name Your social security number POOTA RVDMANAT 82.4-15-8657 Prion address furnible and street). If you have a P.O. box, see instructores. Apt. no. Presidential Election Campaig Check have if you, or your State 20 odd CRy, town, or post office. If you have a foreign address, also complete spaces below. State 21 odd 20 odd Proreign country nume Foreign province/state/country Foreign posticacids 19.31.2 box change, gift, or otherwise disposed radiation asset, or a financial interest in a digital asset? (See instructions). Vour Space Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, gift, or otherwise disposed radiation asset, or a financial interest in a digital asset? (See instructions). Vour Space Dependents (see instructions): Your as a dependent Your you were a dual-status allen Age/Blindness Your (I) First name Last name (2) Social security (Q) (Q) Check the box if qualifies for (see instructions) If more differential (I) First name Last name (2) Social security (Q) (2) Check the box if qualifies for (see instructions) If more differentinstructions (I) First name </td <td>Check only</td> <td>lf yo</td> <td>u checked the MFS box, enter the na</td> <td>ame of your s</td> <td>0) (</td> <td>,</td> <td></td> <td></td> <td></td> <td>spor</td> <td>use (QSS)</td> | Check only | lf yo | u checked the MFS box, enter the na | ame of your s | 0) (| , | | | | spor | use (QSS) |
| POOJA KUMANAT 82.4–15–865.7 Trjört trubun, spouse's first name and middle initial Last name Spouse's cosis security number Home address (number and street), if you have a PO, box, see instructions. Apt. no. Presidential Election Campaigner 750 DLD LANCASTER ROAD Presidential Election Campaigner Spouse of this fund. Checking a box of this f | Your first name | | , , | | | | | | | Your so | cial security number |
| If joint return, spouse's first name and middle initial Last name Spouse's social security numb Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Precidential Election Campaig 750 02.D LANCASTER ROAD State ZP code spouse's social security numb Foreign country name PA 19312 spouse's social security numb Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country you a refund. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); yor (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) You Spouse Assets Schange (interest you were a dual-status allen) Age/Bindness You No Age/Bindness You as a dependent You as obs before January 2, 1958 Is blind Dependents (See instructions); (2) Social security (a) peasionship, of the box figuilies instructions) (Interest in adultal security) If more (1) First name Last name Interest in adultal security) (Interest in adultal security) Modecal wave payments not reported on fine 1a (see instructions) Int Int <td></td> <td></td> <td></td> <td></td> <td>р.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> | | | | | р. | | | | | | - |
| 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 Spouse if filing jointly, want 32 City, tow, or post office. If you have a forsign address, also complete spaces below. State ZIP code post below if you, or your Spouse if filing jointly, want 32 Forsign country name Forsign province/state/county Forsign post- post below if you have a forsign address, also complete spaces below. State ZIP code post below if you have a forsign address, also complete spaces below. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yee No Standard Spouse itemizes on a separate return or you were a dual-status alien Spouse (P) Althous the box it qualifies for fee instructions.) Yee No Dependents (see instructions): (2) Social security (9) Realionship Chick the box it qualifies for fee instructions.) Ia Ia13, 410. Income 1a Total amount from Forn(s) W-2, box 1 (see instructions) Ia Ia13, 410. W-2 bard The income on reported on Form(9) W-2. Ib Ib Ib W-2 bard Mediciad waiver payments not reported on Form 7 | - | nouse's | first name and middle initial | | L | | | | | | |
| 750 OLD LANCASTER ROAD Check here if you or your CBy, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code by ooue if filing journe is fully want 35 by ooue if filing journe is fully want 35 by ooue if filing journe is fully want 35 by ooue if filing journe is fully want 35 Foreign country name Foreign province/state/country Image: space spa | n john rotarn, op | .00000 | | Luot numo | | | | | | opouoo | |
| 750 OLD LANCASTER ROAD Check here if you or your CBy, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code by ooue if filing journe is fully want 35 by ooue if filing journe is fully want 35 by ooue if filing journe is fully want 35 by ooue if filing journe is fully want 35 Foreign country name Foreign province/state/country Image: space spa | Home address (| 'numbe | er and street). If you have a P.O. box, see | instructions. | | | | | Apt. no. | Preside | ntial Election Campaign |
| City, tow, or post office. If you have a foreign address, also complete spaces below. State 21 code spouge if filing jointy, want State or by solution. Departure of the spouge intermediation. Departure of the spouge intermediation. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>•</td> <td></td> | | | | | | | | | 1 | • | |
| BERNYN PA 19312 bp go bo this fund. Checking a box below will not change you tax or refund. Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Image: State of the state | - | | | mplete spaces | s below. | Sta | te | ZIP c | ode | | 0, , |
| Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Oregan postal code your tax or refund. Out and or refund. Digital Asset sets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Deduction Spouse temizes on a separate return or you were a dual-status alien (d) Check the box if qualifies for (see instructions); (d) Check the box if qualifies for (see instructions); (d) Check the box if qualifies for (see instructions); Imore than four dependents; (see instructions); (d) First name (d) Check the box if qualifies for (see instructions); (d) Check the box if qualifies for (see instructions); Income than four dependents; (see instructions); (d) First name (d) Check the box if qualifies for (see instructions); (d) Check the box if qualifies for (see instructions); Income than of the dependent care benefits from Form (s) W-2, box 1 (see instructions); (d) Check the box if qualifies for the dependent care benefits from Form 2441, line 26 (d) Check the box if qualifies for the dependent care benefits from Form 2441, line 26 (d) Check the box if qualifies for the dependent care benefits from Form 2441, line 26 (d) Check the form form 2441, line 26 (d) Check the form form 2441, line 26 (| | | ,, | | | | | | | | 0 |
| Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes X No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Geometry (See instructions). Yes X No Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents Geometry (I) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more there is the first of the instructions is and check Immore there is the form of the dependent is see instructions) It a 113, 410. Hach Form(s) Total amount from Form(s) W-2, box 1 (see instructions) It a 113, 410. Attach Form(s) Total amount from Form(s) W-2, box 1 (see instructions) It a 113, 410. Medicaid waiver payments not reported on Form(s) W-2 (see instructions) It a 113, 410. W 2 and tach Form is the form is form Form 8319, line 6 It for the dependent care benefits from Form 8383, line 29 W 2 and tach Form is a digital dependent care benefits from Form 8383, line 29 It for the dependent care benefits from Form 63839, line 29 W 2 and tach Form is a digital dependent care benefits from Form 8383, line 29 It for the dependent | | name | | Foreic | n province/state/c | | | | | | 0 |
| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) □ Yes No Standard Someone can claim: □ You as a dependent □ Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: □ Were born before January 2, 1958 □ Are blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: □ Were born before January 2, 1958 □ Are blind Spouse: □ Was born before January 2, 1958 □ Is blind Dependents (a) First name Last name number (a) Relationship (b) Check the box if qualifies for (see instructions) If more than four dependents, see instructions | · • • • • 9 · • • • • • • • • • • • • | | | | 5 | | , | | | | |
| Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were bom before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (i) First name Last name (ii) Social security (iii) First name (iii) First name Credit for other dependent dependents iiii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | Assets | exch | ange, gift, or otherwise dispose of a | digital asse | t (or a financial in | nter | est in a digital | • | , | . , | Yes X No |
| Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions) Child tax credit Credit for other dependent to you dependents, see instructions | | | | | | | | | | | |
| Dependents Dependents <thdependents< th=""> <thdependents< th=""> <thdependents< th=""></thdependents<></thdependents<></thdependents<> | Age/Blindness | You: | Were born before January 2, 1 | 958 🗌 Ar | re blind Spo | use | : 🗌 Was bor | n befo | ore January | 2, 1958 | Is blind |
| If More | Dependents | s (see | instructions): | | (2) Social security | | (3) Relationsh | ip (4 | I) Check the b | ox if quali | fies for (see instructions): |
| dependents, see instructions Image: see instructions Image: see instructions Image: see instructions and check here Image: see instructions Image: see | If more | (1) Fi | rst name Last name | | number | | to you | | Child tax c | redit | Credit for other dependents |
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| and check here | | | | | | | | | | | |
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| Attach Forms b Household employee wages not reported on Form(s) W-2 1b W-2 here. Also C Tip income not reported on line 1a (see instructions) 1c W-2 here. Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 G and e Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1 1g 1g get a Form M Other earned income (see instructions) 11 0. W-2, see i Nontaxable combat pay election (see instructions) 1t 0. wages from Form 8919, line 6 1 1 0. 0. get a Form M Other earned income (see instructions) 1 1 0. wages from Form 8919, line 6 1 1 0. 1 0. get a Form M Other earned income (see instructions) 1 1 0. 1 1 0. get a form Nontaxable combat pay election (see instructions) 1 1 0. 1 1 1 1 | Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see ins | structions) | | | | | . 1a | 113,410. |
| W-2 here. Also attach Forms Implification for regorded on hime ray (see instructions) I | | b | Household employee wages not re | eported on F | orm(s) W-2 | | | | | . 1b |) |
| attach Forms d Medicaid waiver payments not reported on Form(S) W-2 (see instructions) 1d W-2G and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. g Wages from Form 8919, line 6 1g if you did not get a Form h Other earned income (see instructions) 1i W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z 113, 410. Attach Sch. B 2a Tax-exempt interest 2b b Dordinary dividends 3b 4 IRA distributions 4a b Taxable amount 4b 5b Standard Sea Social security benefits 6a b Taxable amount 5b Standard G If you elect to use the lump-sum election method, check here (see instructions) 7 7 Standard B Other income from Schedule 1, line 10 7 7 10 Standard G Other income from Sc | | С | Tip income not reported on line 1a | (see instruc | tions) | | | | | . 1c | ; |
| 109-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form Wages from Form 8919, line 6 19 W-2, see i Nontaxable combat pay election (see instructions) 11 W-2, see i Nontaxable combat pay election (see instructions) 11 W-2, see i Nontaxable combat pay election (see instructions) 12 Attach Sch. B 2a Tax-exempt interest 2b Attach Sch. B 2a Tax-exempt interest 2b 4a b Taxable interest 2b Standard Deduction for- 6a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 6b Standard C If you elect to use the lump-sum election method, check here (see instructions) 7 7 Standard beduction for- 6a Social security benefits 6a b Taxable amount 6b Standard beduction for c If you elect to use the lump-sum election method, check here (see instructions) 7 7 Standard fling yoint's cond (ling 1, line 10 </td <td></td> <td>d</td> <td>Medicaid waiver payments not rep</td> <td>orted on For</td> <td>rm(s) W-2 (see in</td> <td>Istru</td> <td>ictions)</td> <td></td> <td></td> <td>. 1d</td> <td>1</td> | | d | Medicaid waiver payments not rep | orted on For | rm(s) W-2 (see in | Istru | ictions) | | | . 1d | 1 |
| was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not g Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 113, 410. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 2a Qualified dividends 3a b b Taxable amount 4b Standard 4a IRA distributions 5a b Taxable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 7 Social security benefits 6a b Taxable amount 7 6b Maried fling joint yor Gualitying Gualitying Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102, 975. Standard deduction or item 2z, 2b, 3b, 4b, 5b, 6b, 7, a | | е | Taxable dependent care benefits f | rom Form 24 | 441, line 26 . | | | | | . 1e | • |
| In your of not Image: a Form Image: height of the form <td></td> <td>f</td> <td>Employer-provided adoption bene</td> <td>fits from For</td> <td>m 8839, line 29</td> <td></td> <td></td> <td></td> <td></td> <td>. 1f</td> <td></td> | | f | Employer-provided adoption bene | fits from For | m 8839, line 29 | | | | | . 1f | |
| W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Add lines 1 a through 1h 113, 410. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a b D Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Single or If you elect to use the lump-sum election method, check here (see instructions) 7 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102, 975. 10 Standard deduction or itemized deductions (from Schedule A) 11 102, 975. 10 Standard deduction or itemized deduction from Schedule A) 12 12, 950. 11 Standard deduct | , | g | 0 | | | | | | | . 1g | |
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| Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 7 8 -10,435. 10 11 102,975. 10 11 102,975. 10 11 102,975. 11 102,975. 11 102,975. 12 12,950. 12 12,950. 11 102,975. 13 Qualified business income deduction from Rem 8995 or Form 8995-A 13 | , | i | | see instructio | ons) | • | 1 i | | | | |
| if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102, 975. 10 Adjustments to income from Schedule 1, line 26 10 11 102, 975. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 102, 975. 11 Subtract line 10 from line 9. This is your adjusted gross income 12 12, 950. 14 Add lines 12 and 13 | | | · · · · · · · · · · · · · · · · · · · | | | • | | • • | | | |
| 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a b Taxable amount 6b • C If you elect to use the lump-sum election method, check here (see instructions) 0 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 0 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 9 102, 975. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 102, 975. 11 102, 975. 12 12 12, 950. 16 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90 0.25 | | | | | | | | | | | |
| Standard Deduction for- 5a 9a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a 5a b Taxable amount 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 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 9 102, 975. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 102, 975. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12, 950. 14 12, 950. | if required. | | | | | | - | | | | |
| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 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 . . 9 102, 975. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income . . 11 102, 975. • If you checked any box under Standard 12 212, 950. 12 12, 950. 13 • Head of household, \$19,400 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . 13 • If you checked any box under Standard 14 12, 950. 14 12, 950. 14 12, 950. • Deduction, 15 90, 0.25 90, 0.25 15 90, 0.25 | | | | | | | | | | | |
| Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse. \$25,900 Head of household, \$19,400 Head of household, \$19,400 Matried filing 10 Married filing 11 Married filing 12 Married filing 13 Married filing 14 from line 11 Married filing 14 from line 14 from line 11 Married filing 14 from line 14 from line 11 Married filing 15 Married filing 16 Married filing 17 Married filing 16 Married filing 16 Married filing 17 Married filing 18 Married filing 19 Married filing 19 Married filing 10 Married filing 10 Married filing 10 Married filing 10 Married filing 11 Married filing 14 Married filing 15 Married filing 16 Married filing 17 Married filing 16 Married filing 11 Married filing 16 Married filing 17 Married filing 16 Married filing 16<!--</td--><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> | | | | | | | | | | | |
| separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 8 -10,435. Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102,975. Married filing jointly or Qualifying surviving spouse, \$25,900 10 10 10 Head of household, \$19,400 11 102,975. 10 It you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 14 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 15 Subtract line 14 from line 11 11 f zero or less enter -0- This is your taxable income 15 90,025 | | | | | | | | t | · · · | . 6b | • |
| \$12,950 7 Capital gain of (loss). Attach Schedule D in required, in for required, check here 1 7 • Married filing jointly or Qualifying souse, surviving spouse, sverying | | | | | | | | • • | l | \exists | |
| jointy or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102,975. 10 Adjustments to income from Schedule 1, line 26 10 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 102,975. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 90 0.25 | \$12,950 | | | | | | | • • | l | | |
| Qualifying surviving spouse, \$25,900 9 102,975. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 102,975. I 1 102,975. 11 102,975. 11 102,975. I 1 102,975. 11 102,975. 11 102,975. I 1 102,975. 11 102,975. 12 12,950. I 2 12,950. 12 12 12,950. 12 I 3 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. I 4 12,950. 14 12,950. 15 90,025 | | | | | | | | | · · · | | |
| \$25,900 10 Adjustments to income from schedule 1, ine 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 102,975. • If you checked any box under Standard 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 • Add lines 12 and 13 14 12,950. 14 12,950. • Deduction, 15 90,025 90,025 | Qualifying | | | | - | | | | · · · | | |
| household, \$19,400 12 12,950. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income. 15 90,025 | \$25,900 | | | | | | | • • | | | |
| \$19,400 12 Standard deduction or itemized deductions (irom Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 12.2,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90 0.25 | | | | - | | | | • • | | | |
| 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 90 0.25 | \$19,400 | | | | | | | • • | | | |
| Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90.025 | any box under | | | | | | | • • | | | |
| | Standard | | | | | | | | | | 1 |
| | | 10 | Subtract line 14 from line 11. If zer | o or less, en | iter -u This is yo | Jur | laxable incom | е. | | . 15 | 90,025. |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|---|-----------|---|-------------------------|---------------------|--------------------|--------------------|-------------------------|---------------|-----------|---------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | . 16 | 15 | 5,442. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | . 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 15 | 5,442. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | . 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | . 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | . 22 | 15 | 5,442. |
| | 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 | 15 | 5,442. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 17,01 | 78. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 17 | 7,078. |
| If you have a | 26 | 2022 estimated tax payment | ts and amount a | pplied from 20 | 21 return | | | . 26 | | |
| If you have a ^I 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 | | | | |
| | 31 | Amount from Schedule 3, lin | e15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undable cre | dits . | . 32 | 1 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | . 33 | 17 | 7,078. |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 24 | 4 from line 33. | This is the amou | nt you over | paid . | . 34 | 1 | L,636. |
| neiuliu | 35a | Amount of line 34 you want | | | is attached, cheo | ck here . | | 35a | 1 | L,636. |
| Direct deposit? | b | Routing number 1 1 1 | 0 0 0 0 | 2 5 | c Type: 🛛 🗙 | Checking | Savi | ngs | | |
| See instructions. | d | Account number 4 8 8 | 0 7 7 2 | 8 5 0 9 | 9 8 8 | | | | | |
| | 36 | Amount of line 34 you want a | 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.gov</i> | //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 retur | m with the IRS? | See | | | | |
| Designee | ins | tructions | | | | . 🗌 Y | es. Comp | lete below. | × No | |
| | | signee's | | Phone no. | | | Personal i number (F | dentification | | |
| | nai | | | | | | | , | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | If the IRS se | | 0 |
| | 10 | ar olghataro | | Duto | | | | Protection F | | |
| Joint return? | | | | | SOFTWARE I | DEVELOPI | ER | (see inst.) | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupati | on | | If the IRS se | | |
| your records. | | | | | | | | (see inst.) | | enter it here |
| | Dh | one no. (816) 786-145 | 1 | Email address | | | COM | | | |
| | | one no. (816) 786-145 parer's name | ⊥ Preparer's signat | | KPOOJA.060 | Date | | N | Check if: | |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | αποφά φλιτα | | | 2082703 | | employed |
| Preparer | | n's name GLOBAL TAX | | IVALI SAGAK | GUEIA IALLAM | 02/24/2 | 023 EU. | Phone no. | | |
| Use Only | | | Y CT E BRU | NSWICK N | т 08816 | | | Firm's EIN | | |
| Co to union into a | ov/Ee:::: | 1040 for instructions and the late | at information | TAPATCI IN | D | | | | | 171965 |

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

BAA REV 02/17/23 PRO

Form **1040** (2022)

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

| Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Sequence No. 01 |
|--------------------------|---|-----------|------------------------|
| Name(s) shown on Fo | rm 1040, 1040-SR, or 1040-NR | Your soci | al security number |
| POOJA KUMAWAT | | 824-15 | -8657 |
| | | | |

| Par | t Additional Income | | | |
|------------|---|----------------------|----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2 a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -10,435. |
| 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 | | | |
| | | 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 (| <u>/</u> | |
| 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: | | | |
| • | Tatal athen income. Add lines 0s through 0- | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 10 405 |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | , or 1040-NR, line 8 | 10 | -10,435. |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | | | |
|-----|--|--------|------------|---------|--------|-----------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | e-basi | s gov | ernment | | |
| | officials. Attach Form 2106 | | | | 12 | |
| 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) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| d | Reforestation amortization and expenses | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 24h | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| Z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | e. Ent | er here | and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 02/17/23 P | RO | Schedu | le 1 (Form 1040) 2022 |

| | DULE E | | | | Suppler | nental | l Inc | ome an | d Los | SS | | | OMB No. 1545-0074 | | |
|------------|---|--------|---------|-----------------|---|-------------|----------|-------------|----------------|----------|--------------------|-------------|-----------------------|----------|------------|
| (Form | m 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) rtment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. | | | | | | | | | | 20 | 2 | 2 | | |
| | ent of the Treasury | | | . . | | | | | | | · ·· | | Attachm | nent | |
| | Revenue Service | | | Go to www | .irs.gov/Schec | duleE for | Instru | lictions an | d the la | atest in | formation. | | Sequen | | |
| . , | shown on return | | | | | | | | | | | | al security 5-8657 | number | |
| Pool | A KUMAWAT | orl | 0.00 | Erom Don | tol Dool Eat | toto on | d Do | voltion | | | | 824-1 | 5-8657 | | |
| Part | Note: If yo | ou are | e in th | e business of | tal Real Est renting persona 835 on page 2, | al propert | ty, use | Schedule | c . See | e instru | ctions. If you | are an indi | vidual, rep | ort farn | n |
| A D | Did you make ar | ny pay | ymer | nts in 2022 th | nat would requ | uire you | to file | Form(s) 1 | 099? 5 | See ins | structions . | | . 🗌 Ye | s X | No |
| B I | f "Yes," did you | or w | /ill yc | ou file require | ed Form(s) 109 | 99? . | | | | | | | . 🗌 Ye | s 🗌 | No |
| 1 a | Physical addr | ress o | of ea | ch property (| (street, city, s | tate, ZIF | o code | e) | | | | | | | |
| Α | 377, GREA | TER | BRA | AJESHWARI | INDORE | MADH | IYA B | PRADESH | I IN | 452 | 001 | | | | |
| В | | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | | |
| 1b | Type of Prope (from list below | | 2 | above, repo | ntal real estat | r of fair r | rental | and | | Fa | iir Rental Days | | nal Use Iys | Q | JV |
| Α | 3 | | | personal us | e days. Checl | k the QJ | JV bo> | conly | Α | | 365 | | 0 | | |
| В | | | | | the requirement venture. Se | | | | В | | | | | | |
| С | | | | quaimed join | ni venture. Ge | | Cliona | | С | | | | | | |
| ••• | of Property: | | | | | | | | | | | | | | |
| | Single Family R | | | | tion/Short-Te | erm Rent | tal | 5 Land | | | Self-Rental | | | | |
| 2 | Multi-Family Re | sider | nce | 4 Com | mercial | | | 6 Roya | lities | 8 | Other (desc | ribe) | | | |
| | | | | | | | | | | | Propert | ies: | | | |
| Incom | | | | | | | | | Α | | В | | | С | |
| 3 | Rents received | | | | | | 3 | | 6 | 74. | | | | | |
| 4 | Royalties rece | ived | • • | | | | 4 | | | | | | | | |
| Expen 5 | | | | | | | 5 | | | | | | | | |
| 6 | Auto and trave | | | | | | 6 | | | | | | | | |
| 7 | Cleaning and r | | | | | | 7 | | 1,8 | 67. | | | | | |
| 8 | Commissions | | | | | | 8 | | _, - | | | | | | |
| 9 | Insurance | | | | | | 9 | | | | | | | | |
| 10 | Legal and othe | er pro | ofess | ional fees | | | 10 | | | | | | | | |
| 11 | Management f | ees | | | | | 11 | | 1,9 | 84. | | | | | |
| 12 | Mortgage inter | | | | - | - | 12 | | | | | | | | |
| 13 | Other interest | | | | | | 13 | | | | | | | | |
| 14 | Repairs | | | | | | 14 | | | 10. | | | | | |
| 15 | | | | | | | 15 | | Ζ,Ζ | 53. | | | | | |
| 16 17 | Taxes Utilities | | | | | | 16 17 | | 2 5 | 95. | | | | | |
| 18 | Depreciation e | | | | | | 18 | | 2,3 | | | | | | |
| 19 | Other (list) | • | | | | | 19 | | | | | | | | |
| 20 | Total expense | | | | 19 | | 20 | | 11,1 | 09. | | | | | |
| 21 | Subtract line 2 | | | • | | | | | | | | | | | |
| | result is a (los | | | | | | | | | | | | | | |
| | file Form 6198 | | | | | | 21 | - | -10,4 | 35. | | | | | |
| 22 | Deductible ren on Form 8582 | | | | | | 22 | (| 10,43 | 35.) | (|) | (| |) |
| 23a | Total of all am | ounts | s rep | orted on line | 3 for all renta | al prope | rties | | | 23a | | 674. | | | |
| b | Total of all am | | | | - | • • • | erties | | | 23b | | | | | |
| С | Total of all am | | | | • | • | | | | 23c | | | | | |
| d | Total of all am | | | | • | • | | | | 23d | | | | | |
| е | Total of all am | | | | • | • | | | | 23e | | L,109. | | | |
| 24 | Income. Add | | | | | | | - | | | | | (| 10 - | <u>, ,</u> |
| 25 | Losses. Add re | | | | | | | | | | | | (| 10,43 | 35.) |
| 26 | Total rental rehere. If Parts | | | | | | | | | | | | | | |

| Schedule 1 (Form 1040), line 5. Otherwise, include this amo | unt in the total on line 41 | on page 2 . |
|--|-----------------------------|-------------|
| For Paperwork Reduction Act Notice, see the separate instructions. | NPA | -10,435. |

26

-10,435.

888 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. e HSAs, see instructions |
| 824-15- | 8657 |

2

Attack

| Name(s) | | HSA beneficiary. | | | | | | |
|----------|--|------------------|--------------------|-----------------|--|--|--|--|
| POOJ | POOJA KUMAWAT 824-15- | | | | | | | |
| Befor | e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C | Contracts, if | ⁱ requi | red. | | | | |
| Part | HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat | | | | | | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions | | 🗙 Self | f-only 🗌 Family | | | | |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those mature unextended due date of your tax return that were for 2022. Do not include employer concontributions through a cafeteria plan, or rollovers. See instructions | ntributions, | 2 | 0. | | | | |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 (family coverage). All others , see the instructions for the amount to enter | (\$7,300 for | 3 | 3,650. | | | | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs | 2022, also | 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 coverage under an HDHP at any time during 2022, see the instructions for the amount to en | iter | 6 | 3,650. | | | | |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst | | 7 | 0. | | | | |
| 8 | Add lines 6 and 7 | | 8 | 3,650. | | | | |
| 9 | Employer contributions made to your HSAs for 2022 | 700. | - | | | | | |
| 10 | Qualified HSA funding distributions 10 | | | 700 | | | | |
| 11 | Add lines 9 and 10 | | 11 12 | 700. | | | | |
| 12 13 | Subtract line 11 from line 8. If zero or less, enter -0 | | 12 | 2,950. | | | | |
| 15 | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction | | 13 | 0. | | | | |
| Part | | | irate H | ISAs, 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 a | | | | | | | |
| | contributions (and the earnings on those excess contributions) included on line 14a | | | | | | | |
| | withdrawn by the due date of your return. See instructions | | 14b | | | | | |
| | Subtract line 14b from line 14a | | 14c | | | | | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | | 15 | | | | | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f | | 16 | | | | | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here | | | | | | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on liare subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c | le 2 (Form | 17b | | | | | |
| Part | III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse. | | | | | | | |
| 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, | | 20 | | | | | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d | | 21 | | | | | |

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

| | | | | N N | Extension. | Ν | Amended Return. |
|--------|---|-------------|----------------------------|-----------|------------------------|---------------------|--------------------|
| 82 | +158657 | | | | Residency Stat | | |
| KUI | 1 A W A T | | | R | PA Resident/N | | Part-Year Resident |
| | ALC | Occupati | on SOFTWARE D | Z | from Single, Marrie | d/Filing I c | to |
| FV | | * | | د | Married/Filing | | |
| | | Occupati | on | N | Deceased | | |
| | | | | | | | |
| | | | | N | Taxpayer Date | of Death | |
| | | | | N | Spouse Date of | Death | |
| 751 |] OLD LANCASTER ROAD | | | N | Farmers. | | |
| BEI | RMAN | PA | 74375 | | School District | Name T F | REDYFFRIN EA |
| | 816-786-1451 | | 15780 | I | | | |
| | | | | | | | |
| 1a | Gross Compensation. Do not include a qualifying retirement benefits. See the | - | ~ ~ | y and | la | | 114209 |
| 1b | Unreimbursed Employee Business Ex | penses. | | | Гр | | ٥ |
| 1c | Net Compensation. Subtract Line 1b f | rom Line | 1a. | | lc | | 114209 |
| 2 | Internet Income Complete DA Cabada | lo A if ma | | | z | | |
| 2 3 | Interest Income. Complete PA Schedu Dividend and Capital Gains Distribution | | | required. | 3 | | |
| 4 | Net Income or Loss from the Operation | n of a Busi | ness, Profession or Farm. | | 4 | | ٥ |
| ~ | | D. | | | 5 | | - |
| 5 6 | Net Gain or Loss from the Sale, Excha Net Income or Loss from Rents, Roya | | | | | | 0 |
| 7 | Estate or Trust Income. Complete and | | | | 7 | | Ö |
| 8 | Gambling and Lottery Winnings. Com | | 8 | | 0 | | |
| 9 | Total PA Taxable Income. Add only 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD a | ~ | | s 1c, | 9 | | 114209 |
| 10 | Other Deductions. Enter the appropr | iate code | for the type of deduction. | N | ľ | | 0 |
| | See the instructions for additional info | ormation. | | | 11 | | |
| 11 | Adjusted PA Taxable Income. Subtra | tt Line 10 |) from Line 9. | | | | 114209 |
| | | | | | | | |

1555 REV 01/31/23 PRO





PA-40 - 2022

Social Security Number

824158657 Name(s) POOJA KUMAWAT

| 12 13 | PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions. | 73 75 | 3506 3506 | | | | | | |
|----------------------------------|--|----------------------------------|-------------------------------|--|--|--|--|--|--|
| 14 15 16 17 18 | Credit from your 2021 PA Income Tax return. 2022 Estimated Installment Payments. REV-459B included. N 2022 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17. | 14 15 16 17 18 | 0 0 0 0 | | | | | | |
| 19a 19b 20 | Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP. | 19a 19b 20 | 00 00 0 | | | | | | |
| 21 | Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. | 57 | 0 | | | | | | |
| 22 23 24 25 26 27 | Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. | 22 23 24 25 26 27 | 0 0 3506 0 0 0 | | | | | | |
| 28 29 | TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. | 28 29 | 0 | | | | | | |
| 30 31 | The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. REFUND Credit – Amount of Line 29 you want as a credit to your 2023 estimated account. REFUND | 37 30 | 0 0 | | | | | | |
| 32 33 34 35 36 | Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. | 32 33 34 35 36 | | | | | | | |
| - | ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete. | | | | | | | | |
| You | Signature Spouse's Signature, if filing jointly | | | | | | | | |
| ~ | arer's Name and Telephone Number Date E-File Op | t Out | Ν | | | | | | |
| | J9659522 Firm FEII Preparer's | | 843171965 PO2082703 | | | | | | |
| | 1555 REV 01/31/23 PRO Page 2 of 2 | | | | | | | | |

2200213359

PA SCHEDULE E

Rents and Royalty Income (Loss)

2201410020

PA-40 E (EX) 06-22 (I) 2022 OFFICIAL USE ONLY Name of the taxpayer filing this schedule Social Security Number (shown first) or EIN POOJA KUMAWAT 824-15-8657

Sales Tax License Number (if applicable). See the instructions.

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| | Туре | | Des | cription of Property | F | or Prof | it Prop | erty | Com | plete Address | (street, city, state | e and | I ZIP code) | |
|-----|---|------|---------|----------------------|--------|---------|------------|-------|-----|---------------|----------------------|-------|-------------|-------|
| A | | | | | | YES | \bigcirc | 377, | GRI | EATER B | RAJESHW | AR | I | |
| A | 3 | 377, | GREATER | BRAJESHWARI | ,PIPLI | NO | | INDOR | Ε, | MADHYA | PRADESH | , | 452001, | India |
| В | | | | | | YES | \bigcirc | | | | | | | |
| | | | | | | NO | \bigcirc | | | | | | | |
| с | | | | | | YES | \bigcirc | | | | | | | |
| | | | | | | NO | \bigcirc | | | | | | | |
| Pro | zonarty type: 1 Single family residence 3 Vacation/short-term rental 5 Land 7 Self-rental | | | | | | | | | | | | | |

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe:

INCOME & EXPENSES SECTION II Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s D J т S J т S J Line b: Is the property rental location in PA? YES) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? 🔳 NO YES YES NO YES NO 674 1. Rent received Income: 1 2. Royalties received 2 Expenses: 3. Advertising 3 4. Automobile and travel 4 1,867 5. Cleaning and maintenance 5 6 Commissions 6 7. Insurance 8. Legal and professional fees 8 1,984 9. Management fees 9 2,410 12. Repairs 12 2,253 14. Taxes - not based on net income14. 2,595 15. Utilities 11,109 18. Total Expenses - Add Lines 3 through 17 18. Income or Loss: 0 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.(fill in the oval, if a net loss) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 24. 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40. REV 01/31/23 PRO



2201410020

1555



PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

| Primary Taxpayer's Name | Social Security Number |
|---------------------------|------------------------|
| POOJA KUMAWAT | 824-15-8657 |
| Secondary Taxpayer's Name | Social Security Number |

| SECTION I | TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2022 (whole dollars only) | |
|---------------------------|---|-------|
| 1. Adjusted PA taxable | 114,209 | |
| 2. PA tax liability (Form | | |
| 3. Total PA tax withhele | I (Form PA-40, Line 13) | 3,506 |
| 4. Amount to be refund | ed (Form PA-40, Line 30) | |
| 5. Total payment (tax o | ue) (Form PA-40, Line 28) 5 | 0 |

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

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

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

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 58657
 as my signature on my tax year 2022

 electronically filed income tax return.

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

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

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

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

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

| ERO'S EFIN/PIN | Enter vour | six-diait EFIN | I followed by | vour five-diait | self-selected P | ۷N |
|----------------|------------|----------------|---------------|-----------------|-----------------|----|
| | Enter your | or argit Li II | i lonowed by | your nee aight | Self Selected I | |

222496 / 61989

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

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name POOJA KUMAWAT Social Security Number 824-15-8657

| | | | | Federal Form | s W-2 | | |
|---------------|---------------|----|-----|--|---|--|----------|
| # of W2 | * NT / TX B L | TS | NRH | Employer Name Employer identification number from box B | Federal wages from box 1 Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17 | ST ID |
| | | | | METAPROUSA LLC 20-4090971 THE VANGUARD GROUP INC 23-1945930 | 83,714. 83,714. 29,696. 30,527. | 83,714. 2,570. 30,495. 936. | PA PA |

| Pennsylvania W-2 | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 to Schedule NRH, line 9 | | 0. |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Noncash tips | | |
| Non-Pennsylvania W-2 to Schedule SP, line 6 | | |
| Withholding | 3,506. | |

Federal Forms W-2: Local Tax

| # of W2 | * | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|----------------------|---|----------|--|---------------|--|---|-----------|
| 2 | | <u>T</u> | 23-1945930 | 150902 | 31,293. | | <u>PA</u> |
| | | | | | | | |

| Pennsylvania Local W-2 | Taxpayer 31,293. | Spouse |
|--|---------------------|--------|
| Federal Form 4137, Unreported Tips, line 6 | · · · · | |
| Noncash tips | | |
| Withholding | | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
| | | | | |
| | | | | |

| | Taxpayer | Spouse |
|-----------------------|----------|--------|
| Excess Reimbursements | | |

| | * Payer Name | | | ame Payer EIN T/S | | | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|---|--|--|---------------------------------|--|---|--|--|--|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| Exe Jury Dire Exp Hor Cov Dar lost pers | vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo wages, other than sonal injury | r | I J K L M NO | Descri Emplo Distrib Distrib Distrib Descri Fiducia Other Descri | yer spons ution from ution from ution from be: ary fees fr income no be: | ored re IRA (⁻ Charit Charit Emplo om a tr ot listec | tiremer Fraditior surance able Gi oyee Sto ust above | t/pension/defa aal or Roth) e, Annuity or E ft Annuities ock Ownership Taxpa | ndowment C Plan. | - |
| Miscell Withho | laneous Compensatior olding | n fror | n Fo | rm 109 | 99MISC/1 | 099K/1 | 099NE | C | | |
| | | Со | mpe | ensati | on from | Feder | al For | ms 1099R | | |
| * | Payer's EIN Payer's Name | T S | Fed # | РА Туре | Gro Distrib | | E | Basis F | PA Taxable | PA Tax Withheld |
| | | | | | | | | | | |
| | | | | | | | - | | | |
| | | | | | | | - | | | |
| | | — | | | | | - | | | · |
| | nter an 'X' if this incom | | <u> </u> | <u> </u> | | | | | | |
| N No PA Unir Milir J U.S Anr (inc Ear Rol | vania Distribution typ entry school, state, or munic ted Mine Workers pens tary pension 5. Civil service retireme huity or Non-civil service duding Qual Joint Surv ly distribution from a re lover eligible; plan is eligible | cipal sion nt/di e dis ivors etirer | sabil abili hip / nent | ity/anr ty Annuity plan | nuity | K3 L M1 M2 | Trad Trad Non- Life i Distri ESO ESO KSO | ot eligible yet; itional or Roth itional or Roth qualified defer nsurance or e bution from C P: Allocated E P: Non-Alloca P: Taxable ES P: Nontaxable | IRA; I'm over IRA; I'm und red compens ndowment haritable Gift SOP Stock D ted ESOP Sto SOP within a | r 59.5 er 59.5 ation plan Annuities bividend bock Dividend 401(k) |
| Distri i Distri Com | ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding | ince, ins (Gift 099 | Ann see Ann R (eli | uity, E Tax He uities . igible r | elp FAQ's | for mo plans) | racts or re info) | Taxpa | ayer | Spouse |
| | | | | Tota | Gross (| Comp | ensati | on | | |
| | gross compensation t | | | | | | | Тахра | yer ,209. | Spouse |

114,209.

* Enter an 'X' if this income is $\ensuremath{\textbf{Not}}$ subject to Pennsylvania tax.