Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securi	ity number
MOHNISH WADHWA	803-13	-5616
Spouse's name		cial security number
Port I Tay Deturn Information Tay Very Ending December 21	000 (Entorygonyour	are outhorizing \
	022 (Enter year you a	are authorizing.)
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 3 3 0 , 529.
2 Total tax		2 1,904.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 3,886.
4 Amount you want refunded to you		4 1,982.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original my knowledge and belief, it is true, correct, and complete. I further declare that the amounts i return (original or amended) I am now authorizing. I consent to allow my intermediate service pro to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter one 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 will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN and your return is filed using the Practitione	or amended) I am now au n Part I above are the am vider, transmitter, or electreason for rejection of the thorize the U.S. Treasury a account indicated in the thorial institution to debit the toterminate the authorize cellation requests must be volved in the processing of ated to the payment. I further amended) I am now authorize or generate my PIN The process of the payment of	thorizing, and to the best of tounts from the income tax conic return originator (ERO) transmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This lation. To revoke (cancel) a e received no later than 2 of the electronic payment of the acknowledge that the rizing and, if applicable, my the five digits, but on't enter all zeros as my time. Check this box only
below. Your signature ► Mohnish Wadhwa	Date ►04/13/	/2023
Spouse's PIN: check one box only		
· —	or generate my PIN	as my
ERO firm name	Er	nter five digits, but
signature on the income tax return (original or amended) I am now authorizing	. do	on't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN and your return is filed using the Practitions below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—conti	inue below	
Part III Certification and Authentication — Practitioner PIN Method On	nly	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		6 3 1 9 8 9 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> F	at I am submitting this ret	urn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Instr		
Don't Submit This Form to the IRS Unless Requ	ested To Do So	

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

2022

OMB No. 1545-007

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

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately (N	ЛFS)	Head of	house	hold (HO	Н) [ifying surv	viving
Check only one box.		u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you cl	heck	ed the HOH or	r QSS	box, ent	er the		ise (QSS) name if th	e qualifying
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial securit	y number
MOHNISH			WADH	WA					8	803-1	13-5616	6
If joint return, sp	oouse's	first name and middle initial	Last nar	ne					S	pouse's	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	F	resider	ntial Election	on Campaign
724 WASH	ITNG	TON ST							- 1		ere if you,	
		ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP c	ode				tly, want \$3
BROOKLIN	ΙE				MA		024	46		0	this fund. (ow will not	Checking a
Foreign country			F	oreign province/state/o	count	У	Foreig	gn postal c			or refund.	
						-					You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	,				•		,	,	Yes	⊠ No
Standard		eone can claim: You as a de					40001	. (000 !!		10110.)		
Deduction	_	Spouse itemizes on a separate return				и асренает						
Age/Blindness	You:	☐ Were born before January 2, 19	958	Are blind Spo	ouse:	: Was bor	rn befo	ore Janua	ary 2,	1958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4	1) Check t	he box	if qualif	ies for (see	instructions):
If more	•	rst name Last name		number		to you	·	Child t	ax cred	lit	Credit for oth	ner dependents
than four												
dependents, see instructions	, —											
and check	, —											
here								[
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	3	30,529.
	b	Household employee wages not re	ported (on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits for	from Form 2441, line 26					1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene-	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi	ons) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		1i	i					
	Z	Add lines 1a through 1h	. , .							1z	3	30,529.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	ıt			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt			5b		
• Single or	6a	Social security benefits	ба		b Ta	axable amoun	it			6b		
Married filing	С	If you elect to use the lump-sum el			•	,			. Ц			
separately, \$12,950	7	Capital gain or (loss). Attach Scheo							. Ц	7		
 Married filing jointly or 	8	Other income from Schedule 1, line								8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come					9	1 3	30,529.
surviving spouse, \$25,900	10	Adjustments to income from Scheo	,							10		
 Head of household, 	11	Subtract line 10 from line 9. This is	-							11		30 , 529.
\$19,400	12	Standard deduction or itemized		`	,					12	1 1	L2 , 950.
If you checked any box under	13	Qualified business income deducti	on from	Form 8995 or Form	899	5-A				13		
Standard	14									14		L2 , 950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t	axable incom	ne .			15	1	L7 , 579.

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	1,9	904.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	1,9	904.
	19	Child tax credit or credit for ot	her dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0				22	1,9	904.
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21			23		0.
	24	Add lines 22 and 23. This is yo	ur total tax					24	1,9	904.
Payments	25	Federal income tax withheld fr							·	
	а	Form(s) W-2				25a 3	8,886.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	3,8	386.
.,	26	2022 estimated tax payments						26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit from	om Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits .						32		
	33	Add lines 25d, 26, and 32. The						33	3,8	386.
Refund	34	If line 33 is more than line 24,						34	1,9	982.
neiulia	35a	Amount of line 34 you want re						35a	1,9	982.
Direct deposit?	b	Routing number 0 2 1 0 0 0 0 2 1 c Type: X Checking Savi								
See instructions.	d	Account number 7 7 2 3 8 8 0 3 6								
	36	Amount of line 34 you want ap	plied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. 7	his is the amo	ount vou owe.						
You Owe		For details on how to pay, go			see instructions .			37		
	38	Estimated tax penalty (see ins	tructions) .			38				
Third Party	Do	you want to allow another p	erson to disc	cuss this retur	n with the IRS?	See				
Designee	ins	structions				. Yes. C	omplete b	elow.	X No	
		signee's me		Phone			onal identif ber (PIN)	ication		$\neg \neg$
				no.			(/			
Sign		der penalties of perjury, I declare tha lief, they are true, correct, and comple								
Here		ur signature		Date	Your occupation		1		nt you an Identi	
		a. e.ga.a.e			. ca. cocapanon		Prote	ection P	IN, enter it here	•
Joint return?					STUDENT		(see	nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bo	th must sign.	Date	Spouse's occupati	on			nt your spouse	
your records.							(see	•	ection PIN, ente	er it nere
		one no. (857) 867-9574		Email address	MOINIT CII OO	CMATT COM	(000			
		(007/007 3072	Preparer's signat		MOHNISH98	Date	PTIN		Check if:	
Paid		'			רווסיית המדדאגא	04/14/2023	P02082	2702	Self-emp	loved
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM S m's name GLOBAL TAXE		NAM SAGAK	GOFIA IALLAM	04/14/2023				
Use Only				MOWITOW N	J 08816				(678) 965-	
		m's address 245 ROONEY		TADMICK NO			Firm	's EIN	84-317	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the latest	iiiormation.		BAA	REV 03/22/23 PRO			Form 104	t U (2022)



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available	upon request. For	the year January	/ 1-December	31, 2022.		
Your first name and initial	Last	name	Your Social Security number			
MOHNISH WADHWA			803135616			
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Security number			
Present street address (and apartment number)						
724 WASHINGTON ST						
City/Town/Post Office	State	Zip	Filing status:		Married filing jointly	
BROOKLINE	MA	02446		Married filing separately	O Head of household	
Part 1. Tax Return Information for	· Flectronic F	ilina				
1 Total 5.0% income (from Form 1, line 10, or Form		_		1	30529	
2 Income tax after credits (from Form 1, line 32, o					1156	
3 Massachusetts use tax (from Form 1, line 34, c						
Massachusetts income tax withheld (from Form	•	,			1526	
5 Refund amount (from Form 1, line 53, or Form					370	
6 Tax due (from Form 1 line 54 or Form 1-NR/P)	•			6		

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

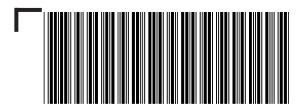
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if		
		04142023	882145487		self-employed		
Firm name (or yours, if self-employed	d) and address	City/Town	State	Zip	O Fill in if also		
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer		

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02082703	04142023	843171	self-employed	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



2022 Form 1

MA 2 2 0 0 1 0 1 1 5 5 5

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2022 or other taxable
Year beginning Ending

MOHNISH WADHWA 803135616

724 WASHINGTON ST BROOKLINE MA 02446

Fill in if: Amended return Other jurisdiction change Enter date of change

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:\$1 You\$1 SpouseTOTALFill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai PeninsulaYouSpouseTaxpayer deceasedYouSpouse

Fill in if under age 18

Fill in if name change

Total fodoral income

3.0.5.2.0.

Fill in if name change

a. Total federal income 30529 Fill in if noncustodial parent b. Federal adjusted gross income 30529 Fill in if filing Schedule TDS

1. Filing status (select one only): X Single Fill in if filing Schedule FCI

Married filing jointly Fill in if reporting crypto currency

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions 2a 4400

b. Number of dependents. (Do not include yourself or your spouse.) Enter number $\times \$1,000 = 2b$ c. Age 65 or over before 2023 You + Spouse = $\times \$700 = 2c$ d. Blindness You + Spouse = $\times \$2,200 = 2d$ e. Medical/dental

f. Adoption 2f

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Date

857-867-9574

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





2022 Form 1, pg. 2 MA22001021555

MA22001021555 Massachusetts Resident Income Tax Return 803135616

3.	Wages, salaries, tips	3	30529					
4.	Taxable pensions and annuities	4						
5.	Mass. bank interest: a. – b. exemption	= 5						
6a.	Business/profession income/loss	6a						
6b.	Farming income/loss	6b						
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7						
8a.	Unemployment	8a						
8b.	Mass. lottery winnings	8b						
9.	Other income from Schedule X, line 7	9						
10.	TOTAL 5.0% INCOME	10	30529					
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a						
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b						
12.	Reserved for future use	12						
13.	Reserved for future use	13						
14.	Rental deduction. a. 6000	÷ 2 = 14	3000					
15.	Other deductions from Schedule Y, line 19	15						
16.	Total deductions. Add lines 11 through 15	16	3000					
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	27529					
18.	Exemption amount	18	4400					
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	23129					
20.	INTEREST AND DIVIDEND INCOME	20						
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	23129					
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the							
	amount in Schedule D, line 21 by .0585	22	1156					
	BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1							





2022 Form 1, pg. 3MA22001031555
Massachusetts Resident Income Tax Return 803135616

23.	12% INCOME. Not less than "0." a.		× .12 =	: 23	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing S	Schedule D-IS		24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 $$				
25.	Credit recapture amount (from Credit Recapture Schedule)			25	
26.	Additional tax on installment sale			26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28				
28.	TOTAL INCOME TAX. Add lines 22 through 26			28	1156
29.	Limited Income Credit			29	
30.	Income tax due to another state or jurisdiction			30	
31.	Other credits from Credit Manager Schedule			31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 f	from line 28. Not	less than "0"	32	1156
33.	Voluntary Contributions				
	a. Endangered Wildlife Conservation			33a	
	b. Organ Transplant Fund			33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
	d. Massachusetts U.S. Olympic Fund			33d	
	e. Massachusetts Military Family Relief Fund			33e	
	f. Homeless Animal Prevention and Care			33f	
	Total. Add lines 33a through 33f			33	
34.	Use tax due on Internet, mail order and other out-of-state purchases			34	
35.	Health care penalty a. You + b. Spouse			35	
36.	Amended return only. Overpayment from original return	A -1 -1 15 00 41		36	11 5 6
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX			37	1156
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	1526		
	b. Massachusetts income tax withheld from Form(s) 1099	38b			
	c. Massachusetts income tax withheld from other forms	38c		00	1
	Total. Add lines 38a through 38c			38	1526





2022 Form 1, pg. 4 MA22001041555

MA22001041555
Massachusetts Resident Income Tax Return 803135616

39.	2021 overpayment applied to your 2022 estimated tax	39	
40.	2022 Massachusetts estimated tax payments	40	
41.	Payments made with extension	41	
42.	Amended return only. Payments made with original return. Not less than "0"	42	
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. re	eturn × .30 = 43	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing	separately unless you qualify	
	for an exception (see instructions). Fill in if you qualify for this exception		
44.	Senior Circuit Breaker Credit	44	
45.	Child under age 13, or disabled dependent/spouse credit	45	
46.	Dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse)	
	as of December 31, 2022 credit.		
	Not more than two. a.	× \$180 = 46	
47.	Other Refundable Credits	47	
48.	Total Refundable Credits. Add lines 43 through 47	48	
49.	Excess Paid Family Leave Withholding	49	
50.	TOTAL. Add lines 38 through 42 and lines 48 and 49	50	1526
51.	Overpayment. Subtract line 37 from line 50	51	370
52.	Amount of overpayment you want applied to your 2023 estimated tax	52	
53.	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000, E	Boston, MA 02204 53	370
	Direct deposit of refund. Type of account X checking savings		
	RTN# 021000021 account# 772388036		
54.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Bo Interest Penalty M-2210 amt.	ox 7003, Boston, MA 02204 54	EX enclose Form M-2210
I do n Print	he Department of Revenue discuss this return with the preparer shown here? ot want preparer to file my return electronically paid preparer's name MM PRIYA RAM SAGAR GUPTA TALLAM	(this may delay your refund) Date Check if self-employed 04142023	Paid preparer's SSN/PTIN P02082703

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid preparer's signature

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

Paid preparer's phone

678-965-9522

Paid preparer's EIN

84-3171965





2022 Schedule INC MA22INC011555

MOHNISH WADHWA 803135616

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
041679980	1462	29243			W2
043325740	64	1286			W2

TOTALS 1526 30529





2022 Schedule HC

MA22029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

MOHNISH WADHWA

803135616

1a. Date of birth 05051998 1b. Spouse's date of birth 1c. Family size 1
2. Federal adjusted gross income
2 30529

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2022, you turned 18, you

3a You: X Full-year MCC Part-year MCC No MCC/None
were a part-year resident or a taxpayer was deceased.

3a Spouse: Full-year MCC Part-year MCC No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2022, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	X	You	Spouse
4b. MassHealth. Fill in and go to line 5		You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net		You	Spouse
is not considered insurance or minimum creditable coverage			

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

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- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2022, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





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You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

- 6 Yes No If you answer Yes, you are not subject to a penalty in 2022. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2022, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.
 - 7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2022. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2022, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.
 - You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

Oct. You: Jan. Feb. March April May July Sept. Nov Dec. June Aug. Spouse: Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2022. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based 8a You Yes No on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? Spouse Yes No If you answer Yes, go to line 8b. If you answer No, go to line 9. 8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2022 tax year? 8b You Yes No Spouse No Yes

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health9 YouYesNoConnector for the 2022 tax year?SpouseYesNo

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2022 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements10 YouYesNoas determined by completing the Schedule HC Worksheet for Line 10 in the instructions?SpouseYesNo

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC11 YouYesNoWorksheet for Line 11 in the instructions?SpouseYesNo

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?

12 You

Yes

No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2022 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.