IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name Social security number PARTHIBAN MOHANRAJ 301-93-9512 Spouse's name Spouse's social security number 962-98-2383 GAYATHRI PARTHIBAN Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 151,571. 1 1 2 2 18,882. 3 3 30,973. 4 4 12,091. 5 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

Louthorizo	GLOBAL TAXES	T.T.C	to optor or gonorato my DIN			
I authorize	GIOBAI IAAES		to enter or generate my PIN	с.		
		ERO firm name				

Ent	as my				
3	9	5	1	2	
	3 Ent	3 9	3 9 5	3 9 5 1	3 9 5 1 2 Enter five digits, but

8 2

3 8 3

Enter five digits, but don't enter all zeros

as mv

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 🕨

X

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC
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 🕨	Da	ate 🕨	•							
Practition	er PIN Method Returns Only—continue	bel	ow							
Part III Certification and Authenticati	on — Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN follo	wed by your five-digit self-selected PIN.	5	1			3 all ze	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
	ERO Must Retain This Form — Ibmit This Form to the IRS Unl		
			E 0070 (D 01 0001)

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

Date

to enter or generate my PIN

Filing Status Single ≥ Married filing jointy Married filing separately (MFS) Head of household (HOH) Doublifying surviving services on the child's name (Hos) is child (GS) is child but not your dependent: True finance and middle initial Last name Yeur social security number 301-93-9512 Thom automase further and street, if you have a Problem is child but not your dependent: NoHANRAJ Yeur social security number 301-93-9512 Home automase further and street, if you have a Problem is considered and the social security number 301-93-9512 PARTHIBAN Act. no. City, toon, problem is child but not your dependent: Dependent is child but not your dependent: PARTHIBAN Act. no. City, toon, problem is child but not your dependent: Dependent is child but not your dependent: State ZIP code process filling jointy, wat is your there a foreign address, also complete space balow. State ZIP code process filling jointy, wat is your there are indicating a box balow will not change a box balow or refund. Yeu is box balow will not change a box balow will not chang	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	/—Do not v	vrite or staple	in this space.	
PARTHIBAN MOHANRAJ 301-93-9512 Hjort Hum, spouse's first name and middle initial Last name Spouse's social security number GAYATHEN 962-98-2383 Home address (number and street), Hyou have a PO, box, see instructions. Apt. no. Presidential Election Campaign of Constructions. GS0 FRISCO HILLS ENVD Checkman a diverse (number and street), Hyou have a foreign address, also complete spaces below. State Zir code Spouse's filling inplicit, want 35 Foreign country name Foreign province/state/country Foreign postances Foreign postances You Spouse Standard Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: Yes Spouse Yes Spouse No Dependents, see instructions; (1) First name Last name Spouse itemizes on a separate return or you were a dual-status allen Apr. No Attemize three instructions; Check the store instructions; Check the store instructions; Check the adualities for see instructions; Home advalue dopendent Spouse itemizes on a separate return or you were a dual-status allen Apr. No Addi-Store Analy 2, 1956 Is bind Dependents, see instructions; (1) Foret name Lasta name Nono	Check only	lf yo	u checked the MFS box, enter the na	ame of y							spouse (QSS)			
Important return, spouse's first name and middle initial Last name Spouse's social security number of social security number of social security number of social security number and street, if you have a P.O. box, see instructions. Apt. no. Apt. no. CBX, TUTLE ELVD Check here if you, or your Check here if you, or your Check here if you, or your Foreign county name Foreign county name Foreign province/static/county Foreign province/static/county Foreign province/static/county Foreign province/static/county Foreign province/static/county You Spouse's counts or social security and security counts or social security and security counts or refunded by or tax orefunded by or tax or refunded by or tax or refunded by	Your first name	and mi	ddle initial	Last na	me						Your so	cial securit	ty number	
CAYATHRI PARTHIBAN 962-98-2383 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign City, tow, or post office. If you have a foreign address, also complete spaces below. TX T50.68 Presidential Election Campaign Foreign country name Foreign province/state/country Foreign postal code You Spaces Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Spaces Standard Spouse itemizes on a separate return or you were a dual-status allen Spouse: (b) Receive adual-status allen Periodential interestin a digital asset/? (See instructions) Yes No Standard Spouse itemizes on a separate return or you were a dual-status allen Child tax credit for other dependent Dependents (see instructions): (2) Social socurity (9) Peletionalip (4) Orheck thee if you Isb bind Income 1 Total amount from Forn(s) W-2, box 1 (see instructions) 1 1 1 1 Income 1 Total amount	PARTHIBA	N		MOHA	NRAJ						301-	93-951	2	
Intermediations Apt. no. Apt. no. Presidential Election Campaignets GS:0 FRISCO HILLS BLVD Check here if typu or your or your opout of itting jointly, want 35 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code TX 75:068 box below will not change or your opout of itting jointly, want 35 Foreign country name Foreign province/state/country	lf joint return, sp	ouse's	first name and middle initial	Last na	me						Spouse	's social see	curity number	
650 FRISCO HILLS BLVD Check here if You, or you Check here if You, or you Check here if You, or you TX 75068 State ZIP code TX 75068 TX 75068 Foreign country name Foreign province/state/county Foreign postal code TX 75068 You Spouse if timing journe, want 33 time for the foreign postal code You You Spouse item foreign control interest You Spouse item foreign control interest You Spouse item foreign control interest You Spouse item foreign contron	-										962-	98-238	3	
OUD Litted bits Litted bits Litted bits State ZIP code spouse if filing jointly, want 33 tog to this fund. Checking a box below will not change by our tax or reland. Forsign country name Forsign province/stat/cou	Home address (numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.	Preside	ntial Election	on Campaigr	
Cuty, torul, to pas time, in your have a inderigin adulties, asid both piete states before: Date 27 000e to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spouse Digital Asset or a financial interest in a digital asset/ (see instructions). If a more a conclum. You as a dependent Yes No Standard Deduction Someone can conclum. You as a dependent Yes Yes No Standard Deduction Spouse itemizes on a separate return or you ware a dual-status alien (9) Check the box if qualifies for (see instructions); If the set instructions; (9) Check the box if qualifies for (see instructions); If more than four dependents, see instructions; (9) Social security (9) Poil tax credit Coeff or the dependent dependents; (9) Check the box if qualifies for (see instructions); 1a 165, 388. Income tatch Formis tates formis) Tates formis) 1a 165, 388. W-28 and there Alice formis) tates form form 2441, line 26 1a 165, 388. W-28 and tacher form form Ported on line 1a (see instructions) 1a 165, 388. 1a W-29 and tanutites to reported on line 1a (see instructions	<u>650 FRIS</u>	CO E	HILLS BLVD								1			
LITULE ELM TX 75068 box below will not change [®] Foreign province/state/county Foreign province/state/county Foreign positice/state/county box below will not change [®] Digital At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, You Spouse Assets Someone can claim: You as a dependent Your spouse as a dependent Yes No Deduction Spouse termizes on a separate return or you were a dual-status alen Age/Blindness You: Were born before January 2, 1958 Is blind Dependents; Gee instructions): (1) Scala security (3) Relationship (4) Check the box it qualifies for (see instructionship If more (1) First name Last name (2) Scala security (3) Relationship (4) Check the box it qualifies for (see instructionship If more (1) First name Last name (2) Scala security (3) Relationship (4) Check the box it qualifies for (see instructionship If more (1) First name Last name (2) Scala security (3) Relationship (4) Check the box it qualifies for (see instructionship If more (1) First name Last name (2) Scala security (3) Relationship (4) Check the box it qualifies for (see instructionship	City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ate	ZIP co	ode	· ·			
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets sexchange, 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 You repouse as a dependent Yes X No Age/Blindness You: Wes born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents Gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) Oheck the box if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) Oheck the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Oheck the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Oheck the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Conting thece instructions) (1)	LITTLE E	LM					T	K	750	68	box bel	ow will not	change	
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). Uves X No Standard Deduction Someone can claim: Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You: You: Were bom before January 2, 1958 Are blind Spouse: You were a dual-status alien Age/Blindness You: You: You: You: Hore and check Were bom before January 2, 1958 Are blind Spouse: You Was bom before January 2, 1958 Is blind Dependents (see instructions): Were bom before January 2, 1958 Are blind Spouse: You Was bom before January 2, 1958 Is blind Income and check 1a Total amount from Form(s) W-2, box 1 (see instructions) Income 1a Inf 55, 388. Hwas withhed 1099-R1 ft ax was withhed 1099-R1 ft ax was withhed 1099-R1 ft ax was withhed 1099-R1 ft ax was withhed 1199. 1a Total amount from Form(s) W-2 (see instructions). 1a 1a for, 388. W-2.3 and 1099-R1 ft ax was withhed 1099-R1 ft ax was withhed 10090-R1 ft ax 10000-R1 ft ax 100000-R1 ft ax 100000-R1 ft ax 100000000-R1 ft ax 1000000000000000000000000000000000000	Foreign country	name		F	Foreign pr	ovince/state	/coun	ty	Foreig	n postal code	your ta:	_	_	
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 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 see instructions): (a) Social security (a) Festionary (b) Check the box if qualifies for (see instructions) Child tax credit Credit for other dependent and check												You	Spouse	
Deduction 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 (see instructions): (i) First name (ii) First name (iii) First name (iiii) First name (iiii) First name												Yes	🗙 No	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): atkin forme AKHI L PARTHIBAN 956-90-4573 Son Image: Son and Check here Image: Son and Check Image: Son and Check Image: Son and Check Image: Son and Check here Image: Son and Check Image: Son and Check Image: Son and Check Image: Son and Check here Image: Son and Check Image: Son and Check Image: Son and Check Image: Son and Check b Total amount from Form(s) W-2, box 1 (see instructions) Image: Son and Check Image: Son and Check Image: Son and Check b Taxable dependent care benefits from Form 2441, line 26 Image: Son and Check Image: Son and Check Image: Son and Check ff required. 3a Image: Son Form B919, line 6 Image: Son Form B919, line 6 Image: Son Form B919, line 6 Image: Son	Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 '	Your spou	se as	a dependent						
Dependents (see instructions): (2) Social security number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four than fou	Deduction		Spouse itemizes on a separate retur	n or you	i were a d	dual-status	alier	ı						
Dependents (see instructions): (2) Social security number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four than fou	Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Sn	ouse	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 Is bl	ind	
Dependent (b) First name Last name (b) Provided only of the provided on provided on provided on provided and provided and provided and provided on provided					1					,	,		-	
In Thore AKHIL PARTHIBAN 956-90-4573 Son Image: Construction of the second sec	-										-			
dependents, and check here Image: Description of the second s					956	-90-45	13	Son				[7	
and check here	dependents,				550	<u> </u>	5	5011				[
here Image: structure in the image: structure in the image: structure in the image: structure in the image: structure image: struc												[
Household employee wages not reported on Form(s) W-2. 1b Attach Form(s) W-2 here.Ass c Tip income not reported on line 1a (see instructions) 1c W-2 here.Ass d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and e Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1g 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1 1 get a Form h Other earned income (see instructions) 1i 1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>[</td><td></td></t<>												[
Household employee wages not reported on Form(s) W-2. 1b Attach Form(s) W-2 here.Ass c Tip income not reported on line 1a (see instructions) 1c W-2 here.Ass d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and e Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1g 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1 1 get a Form h Other earned income (see instructions) 1i 1 <t< td=""><td>Incomo</td><td>1a</td><td>Total amount from Form(s) W-2. b</td><td>ox 1 (se</td><td>e instruc</td><td>tions) .</td><td></td><td></td><td></td><td></td><td>. 1a</td><td>1</td><td></td></t<>	Incomo	1a	Total amount from Form(s) W-2. b	ox 1 (se	e instruc	tions) .					. 1a	1		
Attach Form(s) c Tip income not reported on line 1a (see instructions) 1c W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 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 If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see i Nontaxable combat pay election (see instructions) 1i 1d W-2, see instructions. 1i 1z 165, 388. Attach Sch. B 2a Tax-exempt interest 2a 2b 2b Attach Sch. B 2a Ualified dividends 3b 3b 3b Standard 5a Pensions and annuities 5a b Taxable amount 6b Standard Bring ender ling sequence f Gaula gain or (loss). Attach Schedule D if required. If not required, check here 7 Standard Bring ender ling So Cotal security benefits 6a b Taxable amount 6b Standard Bring ender ling	income	b				,								
W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 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 If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see in Other earned income (see instructions) 1i W-2, see instructions 1i 1z 165, 388. Attach Sch. B 2a Tax-exempt interest 2a b b Taxable interest 2b Standard Ga Qualified dividends 3a b D dividends 3b Standard Fensions and annuities 5a b Taxable amount 6b Standard Social security benefits 6a b Taxable amount 6b Social security benefits 6a b Taxable amount 6b Social security benefits 6a b Taxable amount 6b Social security benefits 6a b Taxable amount 7 <t< td=""><td></td><td>с</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>;</td><td></td></t<>		с										;		
W-2c and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e If you did not get a Form g Wages from Form 8919, line 6 1f W-2, see instructions. h Other earned income (see instructions) 1th 0. V-2, see instructions. i Nontaxable combat pay election (see instructions) 1th 0. Attach Sch. B 2a b b Tax-exempt interest 2b Attach Sch. B 2a b Datavable interest 2b 4a IRA distributions 4a b Datavable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b 51 You elect to use the lump-sum election method, check here (see instructions) 7 7 7 6a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 151, 571. 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 11 151, 571. 9 Add lines 12, 2b, 3b, 4b, 5b,		d									. 1c	I		
was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a form g Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1h 0. W2, see instructions. z Add lines 1a through 1h 1i 1k 1c 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 4a b Taxable amount 4b Standard Deduction for- • Single or Married filing pientry or Qualifying 5a Pensions and annuities 5a 6a b Taxable amount 5b C If you elect to use the lump-sum election method, check here (see instructions) 7 6b -13, 817. You algo or (loss). Attach Schedule 1, line 10	W-2G and	е	Taxable dependent care benefits f								. 1e	•		
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z Attach Sch. B 2a Tax-exempt interest 2a dualified dividends 3a 2a uif required. 3a Qualified dividends 3a dualified dividends 3a 3a uif required. 3a Qualified dividends 4a IRA distributions 4a b Taxable amount 5a Pensions and annuities 5a Social security benefits 6a b To capital gain or (loss). Attach Schedule D if required. If not required, check here 10 Standard 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Standard deduction or itemized deductions (from Schedule 1, line 26 Stapsourder 11 11 151, 571. 10 Standard deduction or itemized deductions (from Schedule A) 11 151, 571. 12 13 13 Qualified business income deduction from Schedule A) 14 25, 900. 13 Qualified dividends income 11 form line 9. This is your adjusted gross income 14 25, 900.		f	Employer-provided adoption bene	fits from	n Form 88	839, line 29).				. 1f	:		
get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i istructions. z Add lines 1a through 1h 1z Attach Sch. B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a 4a b Taxable interest 2b 5a Ga b Taxable amount 4b 5a Pensions and annuities 5a 9 Pensions and annuities 5a 6a b Taxable amount 6b 5a Ga b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 Standard deduction or itemized deductions (rom Schedule 1, line 26 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7r. 11 10 Standard deduction or itemized deductions from Schedule 1, line 26 13 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7r. 12 11 151, 571. 12 12 25, 900. 13 Qualified dusiness income deduction from Schedule A) 13 14 25, 900. 15 Standard deduction or itemized deductions from Schedule A) 12 14 25, 900. 15 Standard deduction or itemized deductions from Schedule A) 14		g	Wages from Form 8919, line 6 .								. 19	I		
Instructions. I Nontaxable combat pay election (see instructions) II Attach Sch. B z Add lines 1a through 1h 165, 388. Attach Sch. B 3a b Tax-exempt interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6a Other income from Schedule 1, line 10 frequired, check here 7 7 7 Capital gain or (loss). Attach Schedule 1, line 26 frequired, check here 10 151, 571.	get a Form	h	Other earned income (see instruction	ons)							. 1h	1	0.	
z Add lines 1a through 1h 1z 165, 388. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b If required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 4b Standard Deduction for- 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 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 151,571. 9 151,571. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 151,571. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 151,571. 11 151,571. 12 25,900	,	i	Nontaxable combat pay election (s	see instr	ructions)			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 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing jointy or Qualifying r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointy or Qualifying 8 Other income from Schedule 1, line 10 7 • Married filing jointy or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 151, 571. • Head of household, \$19,400 10 Standard deduction or itemized deductions (from Schedule A) 11 151, 571. • Had of hyo checked ary box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Had of hyo checked ary box under Standard 14 25, 900. 14 25, 900. 15 Subtract line 14 from line 11 If zer		z	Add lines 1a through 1h								. 1z	: 10	65,388.	
4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 6b 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a 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 9 151, 571. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 151, 571. • Head of thousehold, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. • If you checked ary box under Standard 13 14 25, 900. 13 14 Add lines 12 and 13 14 25, 900. 15 125 125 671	Attach Sch. B	2 a	Tax-exempt interest	2a			bΤ	axable interest			. 2b)		
Standard Deduction for- 5a 5a b Taxable amount	if required.	3a		3a			b	Ordinary divider	nds .		. 3b)		
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 9 151, 571. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 151, 571. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. • If you checked any box under Standard 14 25,900. 13 14 25,900.		4a	IRA distributions	4a			bΤ	axable amoun	t		. 46)		
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction from Form 8995 or Form 8995-A Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 12 2,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 		5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)		
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a							t		. 6k	•		
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 • Married filing jointly or Qualifying souse, surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 151, 571. • Married filing jointly or Qualifying souse, \$25,900 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 11 151, 571. • Head of standard deduction or itemized deductions (from Schedule A) 12 25, 900. 11 • 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 • • • • • • • • • • • • • • • • • • •	Married filing	С	,				`	,		l				
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9151, 571.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)11151, 571.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1312• If you checked any box under Standard13														
Qualifying surviving spouse, \$25,900 9 151,571. 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 11 151,571. I Subtract line 10 from line 9. This is your adjusted gross income 11 151,571. 11 I Subtract line 10 from line 9. This is your adjusted gross income 11 151,571. I Subtract line 10 from line 9. This is your adjusted gross income 12 25,900. I Standard deduction or itemized deductions (from Schedule A) 12 25,900. I Haus of the standard deduction or itemized deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 12 25,900. 14 Deduction, 15 Subtract line 14 from line 11 125,671														
\$25,900 10 Adjustments to income from otheradie 1, line 20 11 15 • Head of household, \$19,400 12 Subtract line 10 from line 9. This is your adjusted gross income 11 151,571. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 25,900. 14 • Add lines 12 and 13 14 25,900. • If you checked 15 125 671	Qualifying												<u>51,571.</u>	
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 125 671	\$25,900		•									-		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 125 671	household			•		-			• •					
any box under Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 125 671	\$19,400								• •				25,900.	
Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 125,671						995 or Forr	n 899	95-A	• •	· · ·				
	Standard								• •					
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -	U This is	your	taxable incom	е.		. 15	12	25,671.	

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	18	,882.
Credits	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18	18	,882.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	18	,882.
	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	18	,882.
Payments	25	Federal income tax withheld									-
,,	а	Form(s) W-2				25a	30,	973.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	<i>,</i>						25d	30	,973.
	26	2022 estimated tax payment							26		<u> </u>
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				29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31					credits		32		
	33	Add lines 25d, 26, and 32. T	•	-	-				33	30	,973.
Defund	34	If line 33 is more than line 24	· ·						34		,091.
Refund	35a	Amount of line 34 you want				•	-	. 🗆 🛛	35a	12	,091.
Direct deposit?	b	Routing number 1 1 1				Checki		1			
See instructions.	d	Account number 4 8 8					Ĭ	0			
	36	Amount of line 34 you want a				36					
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe							
You Owe	•	For details on how to pay, g							37		
	38	Estimated tax penalty (see in				38					
Third Party	Do	you want to allow another	,			See					
Designee		structions					Yes. Con	nplete b	elow.	× No	
•		signee's		Phone				al identifi	cation I		
	nai	ne		no.			numbe	r (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· ·	piete. Declaration			aseu on a	II IIIOIIIation		• •		0
	YO	ur signature		Date	Your occupation					nt you an Ide N, enter it h	
Joint return?					RPA TECHNI	ICAL	LEAD	(see ir			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spou	
Keep a copy for your records.									-	ection PIN, e	enter it here
your records.					QUALITY AS	SURAN	ICE, FCI	(see ir	ist.)		
		one no. (469) 531-107		Email address	PARTHIBANMOHA	-				<u></u>	
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	04/0	5/2023 F	02082			mployed
Use Only		m's name GLOBAL TAX								678)965	
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's	S EIN		L71965
Go to www.irs a	ov/Form	1040 for instructions and the late	st information		DAA					Form 1	040 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

Attachment Sequence No. 01 Your social security number

301-93-9512

Name(s) show	n on Form 104	10,	1040-SR, or	1040-NR
PARTHIBAN	MOHANRAJ	&	GAYATHRI	PARTHIBAN

Par	t I Additional Income	·		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-13,817.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- (
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	•		
•		8z		
9	Total other income. Add lines 8a through 8z		9	10.015
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-13,817.

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 gove	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. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	le 1 (Form 1040) 2022

	DULE E 1040)	(From r	Supple ental real estate, royalties						trusts. BEMIC	s. etc.)		0. 1545-0074
	ent of the Treasury Revenue Service	(Attach to F Go to www.irs.gov/Sch	orm 1040,	1040-	SR, 1040-	NR, or	1041.		o, otol,	Attachm) 22 nent ce No. 13
	shown on return				moure					Your soci	al security	
. ,		NRAJ &	GAYATHRI PARTHI	BAN							3-9512	
Part	-		s From Rental Real E		d Roy	valties				001 0	0 0010	
	Note: If yo	u are in tl	ne business of renting perso	nal proper			C . See	e instru	ctions. If you are	e an indi	vidual, rep	ort farm
			s from Form 4835 on page									57
			nts in 2022 that would report file required Form(s) 1			• • •						
1a	Physical addr	ess of ea	ach property (street, city,	state, ZIF	o code	∋)						
Α	49/1. TAGAI		URAM 4TH ST CHETH	PET.CHE	'NNA T	, r = 31	тамт	T. NA	ου τη			
B							111111		20 11			
1b	Type of Prope	rty 2	For each rental real esta	ate prope	rtv list	ed		Fa	ir Rental	Persor	nal Use	
	(from list below		above, report the numb						Days		iys	QJV
Α	3		personal use days. Che				Α		365		0	
В			if you meet the requirer qualified joint venture.				В					
С					CLIONS		С					
Туре	of Property:											
1	Single Family R	esidence	e 3 Vacation/Short-7	Ferm Rent	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commercial			6 Roya	lties	8	Other (descril	be)		
									Propertie			
Incom							Α		B	0.		С
3					3			95.				•
4					4							
Exper					-							
5					5							
6	0		structions)		6							
7		-	nce		7		2,8	88.				
8	-				8		, -					
9	Insurance				9							
10			sional fees		10							
11	-	-			11		2,7	87.				
12	Mortgage inter	est paid	to banks, etc. (see instru	ictions)	12							
13	Other interest				13							
14					14		2,9	99.				
15	Supplies				15		2,8	97.				
16	Taxes				16							
17					17		2,9	41.				
18	Depreciation e	xpense (or depletion		18							
19	Other (list)				19							
20	•		nes 5 through 19		20		14,5	12.				
21			ne 3 (rents) and/or 4 (roy									
			structions to find out if y				_12 0	1 7				
00					21	-	-13,8	1/.				
22			estate loss after limitation ructions)		22	(13 01	7 \	(١	(`
220							13,81	23a	() 695.	()
23a b		-	ported on line 3 for all rer ported on line 4 for all roy				· · · ·	23a 23b		U 9 J .		
b D			ported on line 12 for all p				· · · ·	23D				
d			ported on line 18 for all p	•				23d				
e			ported on line 20 for all p	•				23e	14.	512.		
24			amounts shown on line 2	•						24		
25			ses from line 21 and rental					 Enter to	otal losses here		(-	13,817.)
26			e and royalty income o									,,
20			, and line 40 on page 2									
), line 5. Otherwise, inclu							26	-	-13,817.
For Pa			otice, see the separate ins			NE			-13,817.			orm 1040) 2022
											•	