#### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social security number

Department of the Treasury Internal Revenue Service 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

NIDHI MOWAR	168-85-6476					
Spouse's name	Spouse's social security number					
JOY MOWAR	339-79-0842					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)					
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
<b>1</b> Adjusted gross income	<b>1</b> 131,514.					
<b>2</b> Total tax	<b>2</b> 14,469.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 17,289.					
4 Amount you want refunded to you	<b>4</b> 2,820.					
<b>5</b> Amount you owe	5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name	5 ,	Er

	5	6	4	7	6	as					
Enter five digits, but don't enter all zeros											

4 2

as mv

9 0 8

Enter five digits, but don't enter all zeros

my

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 🕨

#### Spouse's PIN: check one box only

X lauthorize 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 ► C	ate 🖡							
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1		2		9	89	)

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 ►			
	A		-	0070 /=	

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

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	-	eparately (N Ise. If you cl		_			spo	lifying sur use (QSS) s name if th	0
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial securi	ty number
NIDHI			MOWA	R						168-	85-647	6
If joint return, sp	ouse's	first name and middle initial	Last nar	ne						Spouse	's social se	curity number
JOY			MOWA	R						339-	79-084	2
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Preside	ntial Electi	on Campaigr
2750 OLD	SAI	INT AUGUSTINE ROAD						I	039		here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces belo	ow.	Sta	ate	ZIP c	ode			ntly, want \$3 Checking a
TALLAHAS	SEE					FI	L	323	01		ow will not	
Foreign country	name		F	oreign pro	ovince/state/o	coun	ty	Foreig	gn postal code	your ta	k or refund	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a							,	. ,	Yes	🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	□ `	Your spouse	e as	a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a c	dual-status a	alier	I					
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	lind
Dependents					ocial security		(3) Relationsh		I) Check the b			-
If more		rst name Last name		. ,	number		to you		, Child tax ci		ı .	ther dependents
than four												
dependents,												
see instructions and check												
here												
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	ions)					. 1a	1	
Income	b	Household employee wages not re								. 1b		
Attach Form(s)	с	Tip income not reported on line 1a								. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								. 10	I	
W-2G and	е	Taxable dependent care benefits f	rom Fori	m 2441,	line 26 .					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instructi	ions) .							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<b>1</b> i					
	z	Add lines 1a through 1h								. 1z	1	34,369.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t.		. 2b	)	
if required.	3a	Qualified dividends	3a			bC	Ordinary divider	nds .		. 3b		
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b	•	
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b	)	
• Single or	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b	)	
Married filing	с	If you elect to use the lump-sum e	lection m	nethod, o	check here (	(see	instructions)		[			
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required	. If not requ	iired	l, check here		[	7		
Married filing     iointly or	8	Other income from Schedule 1, line								. 8	· ·	-2,855.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total inc	om	<b>e</b>			. 9	1	31,514.
surviving spouse, \$25,900	10	Adjustments to income from Sche								. 10	)	
Head of	11	Subtract line 10 from line 9. This is	s your <b>ad</b>	ljusted g	gross incon	ne				. 11	1	31,514.
household, \$19,400	12	Standard deduction or itemized								. 12	2	25 <b>,</b> 900.
If you checked     any box under	13	Qualified business income deduction	ion from	Form 89	95 or Form	899	95-A			. 13		
any box under Standard	14									. 14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	0 This is y	our	taxable incom	e.		. 15	1	05,614.
)												

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): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	14	,469.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	14	,469.
	19	Child tax credit or credit for o	ther dependent	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.	If zero or less, e	enter -0				22	14	,469.
	23	Other taxes, including self-err	ployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is year	our <b>total tax</b>					24	14	,469.
Payments	25	Federal income tax withheld f	rom:							
2	а	Form(s) W-2				<b>25a</b> 17	,289.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	17	,289.
If you have a	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC) .			No	27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28		1		
	29	American opportunity credit fi	rom Form 8863	, line 8		29		1		
	30	Reserved for future use				30		1		
	31	Amount from Schedule 3, line	15			31		1		
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. Th						33	17	,289.
Refund	34	If line 33 is more than line 24,						34	2	,820.
Reluna	35a	Amount of line 34 you want re						35a	2	,820.
Direct deposit?	b	Routing number 0 6 3	1 0 0 2	7 7	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 8 9 8					U			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24.				-11				
You Owe	01	For details on how to pay, go						37		
	38	Estimated tax penalty (see ins	-	-		38				
Third Party	Do	you want to allow another								
Designee		1					omplete l	celow.	X No	
Ū		signee's		Phone			onal identi	fication		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare the								
Here		ief, they are true, correct, and comp	lete. Declaration o			ased on all information		• •		0
	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it h	
Joint return?					IT MANAGE	R		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupat		If the	IRS se	nt your spous	se an
Keep a copy for	- 1-	,							ection PIN, e	nter it here
your records.					IT ANALYS	Г	(see	inst.)		
	Ph	one no. (850) 567-9924		Email address	NIDHIMOWAF	QHOTMAIL.CO				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/06/2023	P0208	2703	Self-er	mployed
Use Only	Fir	m's name GLOBAL TAX	Phor	ne no.	(678)965	j-9522				
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-31	71965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest	information.		BAA	REV 03/22/23 PRO			Form 1	<b>040</b> (2022)

BAA

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 2022

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NIDHI MOWAR & JOY MOWAR 168-85-6476

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. Att	ach S	Schedule E .	5	-9,370.
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	735.	-	
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:	0-	E 700		
0	See Stmt     5,780.	8z		-	6,515.
9 10	Total other income. Add lines 8a through 8z			9 10	
	perwork Reduction Act Notice, see your tax return instructions.	, UI			-2,855. Ile 1 (Form 1040) 2022

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis gove	rnment		
	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)	1a			
b	Deductible expenses related to income reported on line 8I from the				
		4b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		1c			
d		4d			
е	Repayment of supplemental unemployment benefits under the Trade				
		1e		_	
f		4f			
g	, , , , , , , , , , , , , , , , , , , ,	1g			
h	Attorney fees and court costs for actions involving certain unlawful				
		4h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
		4i		-	
, i	•	4j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		1k		-	
Z	Other adjustments. List type and amount:				
05		4z		05	
25	Total other adjustments. Add lines 24a through 24z		 	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			06	
				26	
	BAA	REV 03/22/23 PR	0	Schedul	e 1 (Form 1040) 2022

	DULE E				Supplementa	l Inc	ome ar	d Los	SS			OMB No	. 1545-00	74
(Form	1040)	(Fro	om re	ental real est	ate, royalties, partners	hips, S	6 corporat	ions, es	states,	trusts, REMIC	s, etc.)	20	99	,
	ent of the Treasury Revenue Service			Go to www	Attach to Form 1040 v.irs.gov/ScheduleE fo					formation.			nent ce No. 13	3
Name(s)	shown on return				_						Your socia	al security		
NIDH	I MOWAR &	JO	Y I	MOWAR								5-6476		
Part	I Income	or L	oss	From Rer	ntal Real Estate ar	nd Ro	valties							
	Note: If yo	ou are	in th	e business of	renting personal prope			<b>c</b> . See	e instru	ctions. If you a	re an indiv	idual, rep	ort farm	
					<b>835</b> on page 2, line 40.		- () (						- <b>- - - - - - - - - -</b>	
					hat would require you									
Bli					ed Form(s) 1099? .				• •			. 🗌 Ye	s 🗌 N	0
1a	Physical addr	ress o	of ea	ch property	(street, city, state, ZI	P code	e)							
Α	FLAT NO: 3	30/6	601,	, NRI COM	PLE SEAWOODS ES	STATI	E,NERUI	J NAV	I MU	MBAI IN 4	00706			
В														
С														
1b	Type of Prope	erty	2	For each re	ental real estate prope	erty lis <sup>.</sup>	ted		Fa	ir Rental	Person	al Use	QJV	,
	(from list below	w)			ort the number of fair					Days	Da	ys	QUV	,
Α	3				se days. Check the Q the requirements to			Α		365		0		
В					int venture. See instru			В						
C				quantities je				С						
	of Property:													
	Single Family R				ation/Short-Term Rer	ntal	5 Land			Self-Rental				
2	Multi-Family Re	esider	nce	4 Con	nmercial		6 Roya	lties	8	Other (descr	ibe)			
										Propertie	es:			
Incom	ne:							Α		В			С	
3	Rents received	. k				3		3,4	30.					
4	Royalties recei	ived				4								
Expen														
5	Advertising .					5								
6	Auto and trave	el (see	e inst	tructions)		6								
7	Cleaning and r	maint	tenar	nce		7		8	60.					
8	Commissions					8								
9	Insurance					9								
10	Legal and othe	er pro	ofess	ional fees		10								
11	0					11		1,1	.82.					
12	00	•			c. (see instructions)	12								
13						13			46.					
14	•					14			00.					
15						15			40.					
16						16		2	40.					
17						17		1 1	2.2					
18	•	•				18 19		4,1	.32.					
19 20	Other (list)	o ^d	d lin	oo E through	19	20		12,8	0.0					
	•			0				12,0	00.					
21				. ,	and/or 4 (royalties). If find out if you must									
								-9,3	70.					
22					fter limitation, if any,	-								
~~							(	9.3	70.)	(		(		)
23a					e 3 for all rental prope				23a	•	,430.	\		/
b			•		e 4 for all royalty prop				23b					
c					e 12 for all properties				23c					
d					e 18 for all properties				23d	4	,132.			
e					e 20 for all properties				23e		,800.			
24			•		own on line 21. <b>Do no</b>				L					
25		•			21 and rental real esta				Enter to	otal losses her	e <b>25</b>	(	9,370	).)
26					ty income or (loss).									

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	For Pa	aperwork Reduction Act Notice, see the separate instructions.	-9,370.
		· · · · · · · · · · · · · · · · · · ·	

## Additional Information From 2022 Federal Tax Return

# Schedule 1: Additional Income and Adjustments to Income Other Income

# Other IncomeContinuation StatementDescriptionAmountNonemployee compensation from 1099-NEC4,654.APPEN LTD1,126.Total5,780.